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## Challenges and strategies for meeting the sanitation MDG target by 2015

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**WATER, SANITATION AND HYGIENE:  
SUSTAINABLE DEVELOPMENT AND MULTISECTORAL APPROACHES**

**Challenges and strategies for meeting  
the sanitation MDG target in Zambia by 2015**

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*The challenges in meeting the Millennium Development Goals (MDG) target for sanitation by 2015 are many and include the large numbers of temporary latrines, low capacity for sanitation promotion in the country, weak policies and strategies for sanitation promotion, low support for sanitation in donor supported programs, social resistance to the use of the latrines, and lack of multisectoral partnerships for sanitation promotion. Promoting innovative approaches that empower people to build toilets like Ecological Sanitation (Eco-San), Community-Led Total Sanitation (CLTS), Community-Based Total Sanitation (CBTS), School Sanitation, and School-Led Total Sanitation (SLTS), among others, will lead to quick and sustainable increase in sanitation access and coverage. The challenges to meeting the MDG targets for sanitation by 2015 are formidable; so the targets can only be achieved by decentralisation, scaling up implementation of strategic approaches and multisectoral cooperation (GRZ/UNDP, 2008).*

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**Introduction**

On current trends, the world will miss the MDG target for sanitation by more than half a billion people. In rural areas, coverage with improved sanitation facilities rose from 26% in 1990 to just 39% in 2004. If that trend continues, coverage will have risen to only 49% and about half the rural population will still be without basic sanitation in 2015 (WHO/UNICEF, 2007). In Zambia, only 37% of the rural population had access to safe water, and only 13% had access to adequate sanitation in 2005. In other words, 4.8 million people in rural areas do not have access to safe water supply and 7 million people lack adequate sanitation facilities. Considering the current population growth rates, an additional 2.5 million people need access to safe water supply and an additional 4.3 million people need access to sanitation in order to reach the MDGs.

The response to this is the National Rural Water Supply and Sanitation Program (NRWSSP, 2006 -2015), in which the Government has set three priorities for the next decade: improving access to sanitation to 60% of the population: improving access to safe water supply to 75%: and improving the capacity of the local authorities and communities to operate and manage the facilities on a sustainable basis. Lack of access to safe water supply and sanitation in Zambia's rural areas is a major contributing factor to poverty where over 80% of the people live under 1 dollar a day. There is relatively high incidence of water and sanitation related diseases (like diarrhoea), which result in high health costs to individuals and communities (MLGH, 2007).

**Challenges of meeting the MDG targets for sanitation**

The Zambia MDG Progress Report 2008 suggests that while the targets in respect to access to an improved water source will mostly be met by 2015, the access to improved sanitation poses a formidable challenge (GRZ/UNDP, 2008). The biggest challenge to meeting the sanitation MDG target is that most rural pit latrines are temporal (and so are their houses) and need to be replaced frequently to maintain the access and coverage. The other challenges include the socio-economic, type and cost of facilities, technical capacity, and geo-environmental influences. Low reported coverage is also due to poor information and lack of agreement on definition of a proper sanitation facility (Nyangu, 2008).

### Low priority of sanitation in the water sector policies and strategies

In Zambia, the sanitation sector has been constrained by many problems including lack of a comprehensive sector policy and inherent weaknesses in the institutional, legislative and organisational framework of the sector. In an effort to reverse this situation, the government of Zambia instituted a Water Sector Reform Programme in 1993 with the aim to establish policies, strategies and institutions better able to improve the quality of life and productivity of its people. There are a significant number of policies, strategies and legal provisions developed over the years but none of these are specific to sanitation and water supply issues tend to dominate within the sector policies (Nyangu, 2008).

### Socio-economic and geo-environmental challenges

With poverty as high as 80% in the rural and peri-urban areas, socio-economic factors usually influence priorities and affect the construction of latrines, based on socio-economic status, area remoteness. Over 30% of rural populations in Zambia are socially /culturally used to open defecation and not using toilets, they may not know about and they not have the socio -economic reason or wherewithal and skill to construct the sanitation facilities (WHO/UNICEF, 2008). The most influential effects from climate change on the water and sanitation sector are droughts and floods which cause disruption to the social and economic equilibrium creating a shift in the allocation of funds to life saving responses, and to temporary sanitation facilities in temporary resettlement camps. Rural and Peri -urban toilets are normally temporal and damaged due to the low durability of the materials used and geological/ environmental forces like collapsing sandy soils, termites, wind and water. The droughts and floods have an adverse impact on all the sectors with infrastructure, water and sanitation being severely affected in most districts.

### Coverage information and definition

According to the Central Statistics Office (CSO), the total rural population with access to sanitary facility in 2005 was estimated at 13% see Table 1. It must be pointed that the coverage is likely to be much higher as this estimate does not consider other existing sanitary facilities in rural communities. Contrary to NRWSP's definition of an adequate sanitary facility, existing data from CSO is based on a definition of proper sanitation which includes flush toilets and ventilated improved pit latrines only (MLGH, 2007). The difference in the definition of sanitation currently creates confusion and as long as there is no formalized consistent definition, it will be impossible to measure whether or not the MDG target for sanitation has been achieved. The existing data shows what has been happening from the 1990s, and since then, provision of sanitation has been fluctuating, it is very unlikely that the MDG target for sanitation will be met by 2015 (Nyangu, 2008).

<b>Table 1. CSO Summary of Access to Sanitation in Zambia, 1990-2005 (Nyangu, 2008)</b>						
	1990		2000		2005	
	Pop ('000)	Coverage (%)	Pop ('000)	Coverage (%)	Pop ('000)	Coverage (%)
<b>Zambia</b>	<b>7,759</b>	<b>23</b>	<b>9,886</b>	<b>13</b>	<b>11,563</b>	<b>23</b>
Urban	2,949	54	3,433	33	4,025	41
Rural	4,810	5	6,452	4	7,538	13

### Lack of adequate capacity for sanitation promotion

The provision of water and sanitation services has been devolved to the District Councils. The weakness here is that District Councils have very little capacity if any, to manage service provision to rural areas, let alone sanitation; due to poor conditions of service, they lack and fail to attract qualified personnel to champion Water Supply and Sanitation. The use of technologies more appropriate to local conditions is one of the most important key principles guiding "The National Water Policy" of 1994 (MEWD, 1994). The Water, Sanitation and Hygiene Education (WASHE) concept promotes community management in order to ensure sustainability of services through better financial support and operation and maintenance. Nevertheless, it has been very difficult to train and maintain capacities at the district, sub district and village level for improved sanitation promotion.

## Strategies for meeting the MDG targets for sanitation

### The policy and implementation strategy approach

The National Water Policy of 1994 provides overall policy framework for the water sector, covering water resources management, urban and rural water supply and sanitation, water quality and water tariffs. The most significant strategy with respect to RWSS is the WASHE Concept adopted in May 1996. Its objective is to promote integrated development of water, sanitation and hygiene education so as to improve the health impact of water and sanitation interventions. In November 2007, the Ministry of Local Government and Housing launched the latest strategy incorporating the WASHE concept, the NRWSSP 2006 ~ 2015, which outlines Government plans for RWSS (MLGH, 2007). The ministry will need to develop effective implementation policy instruments accompanied by rigorous monitoring and evaluation strategies.

### The coverage information and definitions approach

The NRWSSP 2006 ~ 2015 states that access to adequate sanitation is the percentage or proportion of the population with access to adequate latrines, and defines an adequate latrine as one that satisfies the following requirements: hygienically separates human excreta from contact with human, animals and insects (particularly flies), does not pollute drinking water resources, does not cause intolerable smells, ensures privacy for those using the latrine and is kept clean (MLGH, 2007). Based on this, MLGH with CSO and other key stakeholders are already working on redefining coverage of adequate sanitation so as to capture other facilities considered as adequate as part of the RWSS monitoring and evaluation system. Interestingly, the 2008 updated JMP data include shared latrines, unimproved latrines and estimates of people doing open defecation see Table 2 (WHO/UNICEF, 2008).

**Table 2. JMP Estimated Percentage Coverage 2008 Update (WHO/UNICEF, 2008)**

Year	Urban				Rural			
	Improved	Shared	Un Improved	Open Defecation	Improved	Shared	Un Improved	Open Defecation
1990	51	36	10	3	42	7	10	41
1995	52	37	8	3	45	8	8	39
2000	54	38	5	3	48	8	8	36
2006	55	38	4	3	51	9	7	33

### Hygiene promotion plus Innovative solutions scale-up approach

Advocacy to ensure sufficient incorporation of sanitation and hygiene promotion in water sector planning and other sectors to include climate change and the effects of floods and drought on sanitation coverage will help in meeting the sanitation MDG. Promoting scaling up of alternative, radical and innovative approaches like Eco-San, CLTS, CBTS, School Sanitation, and SLTS among others empower the people focusing on an improved local environment through stopping open defecation, to build local, appropriate, low-cost solutions without hardware subsidy, increasing sanitation access and coverage quickly. In the UNICEF supported CLTS program in Choma district, almost 50% of the villages in the district became Open defecation free within one year (unpublished, Mukosha, 2008). We also need to develop and implement a national communication campaign for sanitation uptake, hand-washing with soap, and household water treatment targeting rural and peri urban areas.

### The funding and all inclusive partnership approach

The nation needs to leverage funds from multisectoral partners, including donors specifically for meeting the MDG targets for sanitation by 2015 (GRZ/UNDP, 2008). Advocating for partnerships with NGOs, civil society, government departments and communities will increase the construction of latrine and mitigate the slow latrine construction noticed during emergency times. Partnering with other sector organizations and linking sanitation to multisectoral programs can help also, like latrine construction linked to micro-credit, food for work programs, etc. Investments in emergency preparedness, early warning and communication at

community level will not only save lives but prevent damage to water and sanitation facilities. Communities on riverbanks are displaced every time there is an inevitable occurrence of flood, so the government has to encourage resettlement in designated 'safe areas' to avoid further loss of life and infrastructure, reducing on expensive temporary sanitation facility construction and evacuation operations.

### **Capacity building based approach**

The Revised Institutional Framework for the Rural Water Supply and Sanitation announced by MLGH in November 2004 reinforced the Local Authorities' roles in leading district level water supply and sanitation activities and promotion of the WASHE concept. Implemented through the Local Authorities, the WASHE concept brings together different local stakeholders at district level (MLGH, 2007). Training of masons and building latrine near anthills or/and pit lining is being done in sandy areas to prevent toilets from collapsing. Bricks, stones or other local materials like bamboo baskets are used to stabilize the soils. Latrines have roofs built or replaced quickly enough to avoid damage and collapsing of the latrine superstructures. Where floods are common, permanent latrines or options for centralized sanitation systems are being explored.

### **Conclusion and recommendations**

The NRWSSP 2006–2015 has the potential to contribute positively and impact on a growing rural economy, with attendant positive impacts on employment, incomes and living standards; gains in health and education; protection of the environment; improved agricultural production and increased time for the girl-child and woman to improve their lot. This paper highlighted some of the challenges lowering sanitation coverage and strategies that could be used to accelerate sanitation access and coverage to meet the MDGs by 2015. Based on these findings it is concluded that meeting the MDG target for Sanitation by 2015 is achievable, but to do that it is recommended to further decentralisation, scale up innovative approaches, promote policy and strategy formulation and implementation, low -cost appropriate facilities, capacity building and multisectoral partnerships building among the most important strategies. The most effective combination of strategies will depend on the reasons for low coverage, the nature of the communities being targeted and the organisations that are supporting them as well as the national contexts. We will need a consented effort by the communities, traditional and civil leaders, NGOs, Government departments, multilateral and bilateral donors and the private sector in order to meet the MDG targets for Sanitation in Zambia by 2015.

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### **Note**

1. For Sanitation: By 2015, reduce by half the proportion of people without access to basic sanitation (UN World Summit for Sustainable Development, Johannesburg, 2002).

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### **Keywords**

Sanitation, Millennium Development Goals.

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