Terms of Reference for an Institutional SSA

<table>
<thead>
<tr>
<th>Position Title:</th>
<th>2011 Community-Led Total Sanitation (CLTS) Consultants</th>
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<tbody>
<tr>
<td>Location:</td>
<td>CLTS districts below (with time spent in Lusaka)</td>
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<tr>
<td>Duration:</td>
<td>2 June to 15 July</td>
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<tr>
<td>Start Date:</td>
<td>2nd June 2011</td>
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<td>Reporting to:</td>
<td>WASH Specialist, WASHE Section Chief and DHID Director, MLGH</td>
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Introduction

Water supply coverage in Zambia is low, but sanitation coverage is even lower, especially in rural areas. The official sanitation coverage estimate for 2005 currently quoted by the Government of Zambia is only 13%; however, this estimate is misleading since the Central Statistics Office (CSO) has considered Ventilated Improved Pit (VIP) latrines and flush toilets as the only acceptable technologies to be considered ‘adequate’ or ‘proper’ sanitation. The Joint Monitoring Programme (JMP) on Water Supply and Sanitation estimated rural sanitation coverage in Zambia to be 52% in 2006 (UNICEF/WHO, 2008). Fortunately, under the recently formulated National Rural Water Supply and Sanitation Programme (NRWSSP) and its Sanitation & Hygiene Components, which are detailed strategies to achieve the Millennium Development Goals (MDGs) for sanitation and water supply, a new broader definition for ‘adequate’ sanitation has been adopted. The following are considered adequate latrines: VIP latrines; Pit latrines with sanitation platforms or other concrete platforms; Traditional pit latrines with a smooth floor surface; EcoSan latrines; Pour-flush latrines; Septic tank latrines (MLGH, 2007). Consequently, subsequent official coverage figures based on the new definition should be more consistent with the JMP estimates. Given the current 52% coverage there remains considerable work to be done if the MDG target of 66% is to be reached by the year 2015. It is also important to note that there is considerable geographical disparity in sanitation provision, with rural sanitation coverage in some provinces as low as 17%.

One of the eight of Millennium Development Goals, targets agreed by all world governments (including Zambia) to halve world poverty by 2015, is to halve the proportion of people without access to sanitation. It is therefore imperative that access to basic sanitation is scaled up rapidly. Innovative and effective strategies are required in order to do this. Consequently, in late 2007, UNICEF in conjunction with the Government of Zambia decided to pilot the CLTS approach in Southern province, where coverage in 2006 was only 40% (CSO, 2006), in order to determine whether this can be an effective strategy for rural sanitation implementation in the country. Community Led Total Sanitation (CLTS) is an approach which facilitates a process of empowering local communities to stop open defecation and to build and use latrines without the support of any external hardware subsidy (Kar & Pasteur, 2005). CLTS has been included as one of the strategies for rural sanitation provision in the recently formulated Sanitation Component of the NRWSSP and is not seen as a rival to existing approaches, nor as mutually exclusive, but as a complimentary strategy.

Community Led Total Sanitation (CLTS) was first introduced in Zambia in Choma district with UNICEF support in November 2007 when 12 initial villages were piloted. Given the significant success of the initial 12-village pilot the District Council and all five Chiefs in the district were very keen to scale up the approach throughout the district. The initial review showed the lack of attention to hand-washing in the pilot, but this has now been included also within the revised CLTS approach. As a result, any household with a latrine but without handwashing is not considered open defecation free, therefore, the CLTS evaluation will have hand washing with soap as an integral component of this important evaluation. Elected councillors from each of the wards in the district were subsequently trained as CLTS facilitators, as were all the Chiefs and
EHTs, in order to expand the pool available for triggering of communities. Consequently, capacity for CLTS implementation was developed in all 24 rural wards in the district. Sanitation Action Groups were established to monitor progress in each village and verification of ODF status was carried out by the councillors and EHTs at ward level, and by the Chiefs at chiefdom level. In twelve months (Nov 2007 to Oct 2008) sanitation coverage increased from 38% to 93% across 517 villages, 402 of which were declared Open Defecation Free (ODF). According to data from the district over 14,500 toilets were constructed by households with zero hardware subsidy and approximately 90,000 people gained access to sanitation in less than a year. It is estimated that 88% of toilets met the Government’s definition of ‘adequate’ sanitation and 76% had hand-washing facilities.

UNICEF with its partners encouraged by the results in Choma expanded the CLTS in more districts. CLTS was scaled up in Mazabuka, Siavonga, Kazungula, Livingstone in Southern in 2008; then followed by Masaiti, Mpongwe and Lufwanyama in the Copperbelt in 2009. Oxfam introduced CLTS in Western province districts of Kaoma, Mongu and Senanga in January 2008 and was encouraged by the results to expand the CLTS villages in Western Province. Plan International also introduced CLTS in Central province, Eastern, and Luapula districts of Chibombo, Mansa and Chadiza in July 2008 and was encouraged by the results to expand the CLTS villages in Western Province. To date, other partners are interested in promoting CLTS in Zambia.

By the end of 2009, it was estimated that over 35,000 improved sanitation facilities were provided to approximately 210,000 people from the 1,200 villages were triggered, out of these over 900 villages were verified as open defecation free under the CLTS programme in Zambia. More villages are being triggered or being declared ODF continuously by the trained facilitators who are the elected civic councilors, the traditional chiefs and village heads including technocrats from the district government departments and NGO staff. The whole Macha Chiefdom in Choma attained ODF status by the end of 2009, the first in Choma, in Zambia, in the ESARO Region and maybe the first in Africa. Chief Macha has been awarded a top honor Award at the ongoing AfricaSan, Africa Water Week conference in South Africa by the African Ministers Conference on Water & Sanitation (AMCOW) on 12th November 2009.

Law enforcement has been introduced in Zambia as a complement to Community Led Total Sanitation (CLTS) for peri-urban/ urban areas and also used to maintain the newly acquired social norm in communities declared Open Defecation Free status (ODF). The municipal/district councils and the Ministry of Health are also very interested in the approach, and so are by nature, the police and the judges. The ministry of health and the municipal/district councils have laws that have not been enforced or are not enforced which CLTS has introduced in the process to enforce communities behavior change and sustainability of this behavior which makes community take a stronger stand on the elimination of open defecation, pollution, littering, etc. Law enforcement has been applied in Livingstone, Choma, Mongu, Kaoma, Mkushi, Serenje, Kapiri Mposhi, Siavonga, and Kazungula with lots of success; and will be applied in Lusaka, Ndola, Kitwe and all other urban/peri-urban settings.
The aim of the evaluation is to assess the processes of the CLTS programme, and to recommend ways of improving and scaling-up the programme to other parts of Zambia by GRZ and cooperating partners. The evaluation information generated will be used by GRZ and cooperating partners in scale-up CLTS through most appropriate methods for Zambia.

Past approaches to household and community sanitation have not resulted in adequate increases in sanitation coverage (defined by the ratio of the number of toilets to the number of households). Post-independence, the strategy for sanitation promotion changed from enforcement to charity or Government provision. Projects were heavily subsidized by Government, donors or NGOs and were supply-led. This resulted in increased sanitation coverage in specific project areas, but generally usage was low. The geographical extent of such projects was also very limited (based on donor choice of location and availability of funds) leaving the majority of the country underserved. During the donor supported the Participatory Hygiene and Sanitation Transformation (PHAST) program in 26 out of the 72 districts in Zambia (1997 ~ 2007), it took 2 years to reach 20% coverage in each village, even with heavy subsidies.

The WASHE approach promoted by the Government of Zambia is an integration of water supply, sanitation and hygiene promotion, 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 of the interventions. The advantage of CLTS as a sanitation promotion approach is that it is total, meaning that it affects all in the community, including visitors as well. CLTS includes a range of behaviours such as; stopping all open defecation, ensuring that everyone uses a hygienic toilet; washing hands with soap before preparing food and eating, after using the toilet, and after contact with babies’ faeces, handling food and water in a hygienic manner; and safe disposal of animal and domestic waste to create a clean and safe environment. Though Chief Macha came up with the slogan; “One Family, One Toilet, One Toilet, One Hand Washing Facility!” this has been adopted by the Government’s “Make Zambia Clean and Healthy” campaign, which is designed to improve sanitation nationwide.

Following the adoption of the CLTS approach as one of the national strategies for rural sanitation promotion, the government of Zambia is planning to expand the CLTS program to all the 72 districts. CLTS has also been adapted for peri-urban/ urban areas of Zambia or to maintain the newly acquired social norm in communities declared Open Defecation Free status (ODF), legal enforcement of the legislation put in place has been introduced in Zambia as a complement to Community Led Total Sanitation (CLTS) for peri-urban/ urban areas. The municipal/district councils and Health Ministry are also very involved in the approach, and so are by nature, the police and the judiciary. The ministry of health and the municipal/district councils have laws that have not been enforced or are not enforced which CLTS has introduced in the process to enforce communities behavior change and sustainability of this behavior which makes community take a stronger stand on the elimination of open defecation, pollution, littering, etc.

From the end of 2009, the government has led the promotion of CLTS in Zambia with provincial inception workshops and TOTs starting in Southern, Lusaka, Eastern, Western, Copperbelt and Central provinces. Given this situation and to show to the current and future stakeholders how CLTS should be up-scaled to all provinces, it is essential to understand why Choma, Kazungula, Chadiza, Chibombo, Kaoma and Mongu, or certain wards, constituents or chiefdoms within
them have increased sanitation coverage quickly and also why some villages are slow and others so fast in attaining ODF status once triggered. Therefore, MLGH, MOH and UNICEF (including Oxfam & Plan International) would like to evaluate the CLTS processes in Choma, Kazungula, Chadiza, Chibombo, Kaoma and Mongu looking at the reasons for successes and challenges.

**Scope of Work**

Under the direct supervision of the WASH Specialist and the Director-DHID, at MLGH, the Director of Public Health at MOH and the Chief of WASH Section with the support of the M&E Specialist in UNICEF], the consultants will evaluate the existing CLTS programs in Choma, Mongu, and Chadiza include Kaoma, Chibombo and Kazungula districts. The consultants will review CLTS manuals, data and technical documents existing reports from the district Joint Monitoring Team as well as visit and interview the champions, the facilitators, and communities in these districts.

The main objectives of the evaluation are to assess the processes, of the CLTS programme 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 programme in Zambia. The specific objectives include:

1. To assess of the **Sustainability** of CLTS at the community, district and the national levels. Assess the form of support essential (Joint Monitoring Program Team, (JMPT) Government and NGO Technocrats, Headmen, SAGs, Village WASHEs, School WASHEs, Village Development Committees (VDC), Area Development Committees (ADC), Natural Leaders, Counsellors, EHTs, etc) to keep CLTS sustainable at district, chiefdom, ward, and community level. Key questions will include: To what extent do the benefits of the programme continue after funding stops. What Major factors are influencing the achievements or non-achievements of sustainability? Assess the components in the existing communities and evaluate the extent to which they may fall short of CLTS, JMPT and NRWSSP standards and local targets set by those same communities during the triggering process.

2. To assess of the **effectiveness** of CLTS by comparing the effectiveness of the various types of implementation arrangements (Three Pronged Approach and variation with two or one, Traditional leaders, Civic Leaders and Technocrats) by looking at the level of CLTS process management (Counsellors, EHTs, SAGs & Headmen, etc.), in different chiefdoms, Rural Health Centre catchment areas, wards, constituencies and communities to come up with **threads** of uniformity and standardization, comparing ODF with non ODF communities. Look at the gaps, deviations and innovations (current guideline vs. practice of the CLTS program in Choma) including reasons for differences, (comparing ODF with non ODF communities and CLTS with non CLTS communities). Key questions will include: what extent were objectives achieved? What Major factors are influencing the achievements or non-achievements of objectives?

3. To assess of the **efficiency** of CLTS by looking at the intervention cost-efficiency compared to other potential forms of support (Three Pronged Approach and variation with two or one). Look at the costs of the program per achieved change in sanitation and behavioural change towards ODF, (comparing ODF with non ODF communities and CLTS with non CLTS communities).

4. To look at the **relevance** of the CLTS programme by assessing whether it is a good option to bring about the intended sanitation outcomes compared to other possible interventions.
Assess the tangible and intangible benefits of CLTS to the communities (including self respect, social, economic and health benefits), the technocrats, the civic and traditional leaders alike, and by assessing access by the vulnerable (e.g. elderly and disabled people) comparing CLTS with non CLTS communities.

5. To assess the impact of the CLTS program on the well-being of the target populations, measured in direct and indirect health, desired behaviour, nutrition and social-economic terms. Look at how the CLTS institutional setup has been used for basic social service delivery at household levels (awareness raising for human rights, gender, child protection, social responsibility, health, HIV/AIDS).

The CLTS Evaluation is also intends to answer the following questions:

- 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?
- Has CLTS been efficient, effective, relevant and full of impact in these districts?
  1. How effective is CLTS when used as the only approach? How effective has CLTS been when implemented in places where other approaches are being used currently or have been used before?
  2. How can CLTS be made more efficient, more effective, and more relevant?
  3. How is CLTS used or how can it be used for cross-cutting issues like human rights, gender, girl-child education, HIV/AIDS.
  4. How the pigs which previously ate feaces have been fed in the Open Defecation Free (ODF) areas and what changes were done and what changes are still being done?
- 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?
- Are there factual arguments for and against CLTS in these districts?

**Evaluation Methods**

The CLTS Evaluation Consultancy will proceed by developing the Complete Evaluation Methodology. The CLTS Evaluation consultancy will utilise both the primary and secondary sources of information as follows:

1. The primary source which will be the main source of information will include data collected from the field trips to be undertaken and interviews of civic leaders (counsellors & MPs), technocrats (Government & NGO), Traditional Leaders (chiefs & headmen), communities, facilitators, natural leaders, other key stakeholders etc. involved in the CLTS promotion in Zambia.

2. The secondary source shall take the form of review of CLTS manuals, field reports, documents and publications available on the CLTS. Review existing manuals for CLTS and familiarize with the scope of CLTS in Choma with its unique features through a desk review. Develop methodology and study tools (for field data collection in the sampled communities, including discussions with the stakeholders at district, school, Rural Health Centre, sub-district and community levels) provided to the consultants.

3. Other sources such as the Internet will be utilised to collect materials on CLTS in Zambia and related initiatives from other countries and regions including the lessons learned.

4. Interview for CLTS success stories and pictures, good/innovative/creative (to be included in main report) and make recommendations. Gather information on the perceptions on crosscutting issues like perceptions and attitudes on gender, HIV/AIDS, environment and disabilities.
5. Compile and analyse field level data/information pertaining to CLTS in Zambia (qualitative and quantitative). Verify the district data by using a sample size to visit and compare.

6. Discuss with technocrats (Government & NGOs), counsellors, headmen and chiefs, WASHE artisans, school children, community members and SAGs in the selected districts in Zambia to get their understanding of and reasons for supporting CLTS. Look at the social-economic factors that are hindering or pushing CLTS in those districts.

7. 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.

**Major Tasks**

The Evaluation will look at the ways in which CLTS was being implemented in Zambia and the relationships between inputs, processes and outputs/outcomes. Stakeholder analysis of the CLTS project will also be carried out in order to develop a greater understanding of the interests of these stakeholders. The CLTS Evaluation Consultancy will proceed by developing the tools for this study and the schedule, reviewing the manuals and documents, collecting field data and conducting interviews, data analysis, and then to do a stakeholder workshop before finalising the report. Under this evaluation, the CLTS Evaluation consultancy will work to undertake the following specific tasks:

1. Assess capacity building done and the level of understanding of CLTS amongst stakeholders, in building the capacity of stakeholders like technocrats, civic and traditional leaders including communities and SAGs to implement and evaluate CLTS programmes.

2. Organize meeting/workshop and discuss the preliminary findings of the study with the district team, other stakeholders and the Multi Stakeholder Forum (MOH, MLGH, Education, UNICEF, Oxfam, Plan International etc). A short summary of these findings should be presented to feed into the sanitation Roadmap that is simultaneously being developed.

3. Prepare and deliver final report (softcopy) incorporating the feedback, comments and suggestions of the concerned stakeholders.
Accountabilities and Responsibilities

The MLGH, MOH and UNICEF M&E officers will serve as the primary contacts with the evaluator team. Technical guidance will be provided both from MLGH, MOH and UNICEF as well as the CLTS National Coordinator and Team. The CLTS National Coordinator and Team will coordinate the [eg key informant interviews, consultative meetings and field visits with duty-bearers and rights-holders.] MLGH, MOH and UNICEF (including Oxfam & Plan International) will also serve as a consultative body, which will review the preliminary findings in the stakeholder forum. The UNICEF, Oxfam & Plan International Regional Offices will also be invited to comment on the draft report. MLGH, MOH and UNICEF (including Oxfam & Plan International) will give approval for the final evaluation report.

The consultants shall constitute a team of two, one international and one national, and the international consultant shall be the team leader and have overall management of the team and the evaluation.

Ethics and Copyright

The consultant(s) will also have to take the following into consideration:
1. All work shall be done in full co-operation with MLGH, MOH and UNICEF, Oxfam & Plan International.
2. The MLGH, MOH and UNICEF M&E Specialist will discuss with the Consultants the criteria for a good quality evaluation as outlined in the African Evaluation Guidelines, then will agree on all that apply. At the end of the evaluation, the MLGH, MOH and UNICEF M&E Officers and the Consultants will again meet to discuss whether the agreed upon criteria have been fulfilled. If they have not been fulfilled, it is the responsibility of the Consultants to address the gaps.
3. All the documents, including data collection, entry and analysis tools, and all the data developed or collected for this consultancy are the intellectual property of MLGH, MOH and UNICEF (including Oxfam & Plan International).
4. The Evaluation team members may not publish or disseminate the Evaluation Report, data collection tools, collected data or any other documents produced from this consultancy without the express permission of and acknowledgement of MLGH, MOH and UNICEF (including Oxfam & Plan International).
5. The evaluation will follow UNICEF and government guidelines on the ethical participation of children. In addition, all participants in the study will be fully informed about the nature and purpose of the research and their requested involvement. Only participants who have given their written or verbal consent (documented) will be included in the research.
6. Specific mechanisms for feeding back results of the evaluation to stakeholders will be included in the elaborated methodology.

Expected Deliverables

The deliverables expected from the CLTS Evaluation Consultant include:
1. Brief inception report which outlines the evaluation framework and evaluation methodology to be used, what pertinent CLTS documents and manual that will be reviewed, work division between international and national consultant as well as schedules for in country travel, deliverables, mid-evaluation briefing, etc.
2. Compile and analyse field level CLTS data/information (qualitative and quantitative) and present the human interest stories and findings for analysis and reporting.
3. Do stakeholder meeting presenting findings, identifying lessons learnt, good practices, challenges and recommendations with a consultation with people attending which will feed into the draft and final report with a short summary of the meeting.

4. Produce dissemination materials (two-page summaries for each district evaluated).

5. The draft report should be presented to MLGH, MOH and UNICEF (including Oxfam & Plan International) for comments and approval before finalisation. Due date: 11th July

6. Prepare the final CLTS evaluation report based on field data and also taking into account the feedback, comments and suggestions of the concerned stakeholders. (The CLTS evaluation final report should document and clearly distinguish the important findings and conclusions, recommendations and lessons learned.)

7. Soft copy of the final CLTS Evaluation Report ready to be printed shall be provided by the contracted Consultants to MLGH, MOH and UNICEF (including Oxfam & Plan International). Due date: 15th July

**Desired background and experience**

It is envisaged that the CLTS Evaluation consultant(s) will be professional with relevant experiences in the Water and Sanitation and Hygiene Education sector and particularly community managed rural water supply and sanitation or in similar and relevant sectors. The CLTS Evaluation Consultant(s) will have following minimum qualification and experience:

1. The consultants should have proven solid experience on research/project evaluation of development programs.

2. The consultants should have an advanced university degrees in water & sanitation, M&E, sociology or concerned area.

3. The lead Consultants should have five years progressive experience in rural water supply and sanitation projects in developing countries, if a portion of it is in Zambia it will be an added advantage.

4. The consultants should have the ability to work independently and undertake travel as required.

5. A strong commitment to human rights, disabilities, environment, equity and gender, health issues and other cross cutting issues as they relate to WASHE.

6. Strong analytical skills and ability to communicate clearly.

7. Computer skills with ability to use all Microsoft office, statistical or other computer based analysis applications.

8. Language ability: fluency in English and Zambian Languages are an asset.

**Conditions (Important)**

This CLTS Evaluation Consultancy is awarded under the following conditions:

- Payment of 20% upon submission of the Inception report /Methodology , 30% upon submission of the draft CLTS evaluation report and the last 50% upon submission of the final reports with all revisions incorporated and verified by MOH, MLGH and UNICEF (including Oxfam & Plan International).

- The Consultancy Fees will be paid on document submission basis and will include all taxes, duties, social and health insurances.

- UNICEF will provide access to the existing CLTS Program documents, progress reports, photographic and graphic records / archives as appropriate for the work and as approved by the WASHE Section Chief and M&E Specialist.