Empowering Chiefs and Traditional Leaders Revolutionizes Sanitation Program

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What is the general context in which the story takes place?

Zambia is a country of about 15 million people that lies directly south of the Democratic Republic of Congo. According to World Bank, 68.5 percent of those citizens lives on less than $1.25 per day. Most of this population has no access to improved sanitation facilities, and many have no access to sanitation facilities of any sort. Open defecation, as in many developing countries, is a common practice in rural Zambia—a practice that, when combined with a lack of hand-washing facilities, leads to diarrheal disease. Diarrhea is the second greatest killer of children under 5. In fact, in Zambia alone, 40 children die every day because of limited sanitation and clean water, and an astounding 40 percent of the remaining children have stunted growth, largely because of the fecal-to-oral transmission of disease.

Akros had been working on this problem for about a year, partnering with the Zambian government and UNICEF to curb the problem of open defecation. Our innovative approach utilized mobile phones and cloud-based data aggregation to empower the government and its stakeholders with a real-time picture of the scale of the problem and the progress being made against it. The government used these tools to plan interventions in remote districts and spread the message of community-led total sanitation (CLTS), an innovative behavioral change intervention for mobilizing communities to eliminate open defecation.

What was the main challenge/opportunity you were addressing with this CLA approach or activity?

We saw improvements with our mobile-to-Web approach, but the push for CLTS was not catching on in the community as we had hoped. Although the feedback and training had the government workers more motivated than ever, the motivation did not exist among the citizens to change behaviors—to build latrines or create hand-washing stations that would have a significant impact on their health. It was as if there was some sort of invisible barrier preventing uptake of the intervention. We didn't believe it to be a lack of cultural understanding; the CLTS approach was shaped for the Zambian audience and delivered by Zambians familiar with the local environment. But something was missing.

Describe the CLA approach or activity employed.

Akros needed a different strategy. Our field officers began spending more time on the ground, meeting with village stakeholders, district officers, and provincial staff throughout Southern Province. Through these efforts, we were able to get a better understanding of cultural nuances and government relationships. We learned that many of the people living in rural areas don't necessarily feel loyal to the government employees who visit their villages to promote sanitation. Their loyalty instead follows traditional leadership hierarchies. The top of these hierarchies for most of these citizens is not the district health officer or other government staff, but chiefs, who are Zambia's traditional leaders. Though the citizens had been unmoved by the message of CLTS when it came from the government representatives, they would perhaps be more attuned to the voice of their chief.

We began to focus on engaging traditional leadership, seeking chiefs' blessings on the work and incorporating many of these leaders in advocacy and communications efforts to villages. We hosted chief orientations, workshops where we gathered village headmen and explained the dangers of open defecation. The chiefs and village headmen care deeply for the people they represent. All we had to do was give them a reason to push the agenda—to explain the overwhelming positive benefits that could be achieved for their people. The chiefs made goals to have their chiefdoms become free of open defecation and then began promoting the sanitation agenda.

In a greater sense, this is the most "community-led" approach we have taken to CLTS. Involving the traditional leaders helped us to refocus on one of Akros' core principles: engaging the community and local government in the work. We know that these programs have a much better chance of surviving in the long term if they are managed and driven by the people being most directly affected. The chiefs see it as their responsibility to keep their villages "caught up," to be sure they are doing everything they can to assist their people. Now they are the primary proponents of this agenda—and will be for years to come.

Were there any special considerations during implementation (e.g., necessary resources or enabling factors)?

The chiefs were sold on the idea of introducing (and at times, requiring) improved sanitation standards from their people. Many were now traveling from village to village, explaining why this movement was important and how it would help reduce some of the diarrheal diseases the people had been struggling with. And finally, people were changing their behavior and constructing latrines. The collaboration with the chiefs resulted in extraordinary uptake of community-led sanitation, at first in the south and then all across the country. In our analyses of the effectiveness of the chief orientations, we estimate that the number of new users increased by 30 percent and village progress toward being free of open defecation increased 20 percent, when compared with CLTS delivery strategies not incorporating chiefs.

But we wanted to be sure that this success wasn't seen only at the beginning when motivations were high. Too often we have seen programs like these fizzle out after a year or so, the newness having faded. Collaborating with the chiefs had been the turning point; we knew we couldn't afford to lose them. Just as the citizens needed to maintain motivation to continue building (and using) latrines and hand-washing stands, we knew the chiefs needed to maintain motivation to continue visiting their villages, spreading the word of improved sanitation and holding their citizens accountable. With our partners, we realized that we needed to provide some sort of constant feedback mechanism to these chiefs—a way for them to see the results (or lack thereof) in their areas. They would need to be able to see the success their work was having or to see when areas were falling short and needed more attention.

Many of the CLTS target areas are incredibly remote, many hours from any kind of main highway. Traveling to these areas on a monthly basis to deliver reports would have presented tremendous financial challenges. But despite the fact that many of these remote villages lack roads or electricity, they do have cellular coverage. We could use the constant supply of network coverage to deliver reports wirelessly from anywhere in the world, and we did so with inexpensive tablet computers. Chiefs can now monitor the progress their villages are making using a custom-designed reporting dashboard, available on easy-to-use tablet computers. The dashboard makes it easy to access information about their villages' performance, comparing their numbers (reported by mobile phone

from that area's community champions) versus previous months as well as to other nearby chiefdoms. We have found this latter form of reporting to be very effective, creating a sort of healthy competition to make greater improvements than nearby neighbors.

What have been the outcomes, results, or impacts of the activity or approach to date?

Using data generated by the CLTS program, we conducted both a time-to-event analysis for the outcome of villages becoming free of open defecation and an interrupted time series analysis for the outcome of new users of sanitation. We found that, following chiefdom orientation, village progress toward open defecation-free increased by 22 percent (hazard ratio = 1.22, 95 percent Confidence interval = 1.05-1.43, p=0.012). We also found that, following chiefdom orientation, the number of new users increased by 30.4 percent (95 percent Confidence interval = 28.8-32.0 percent). The scientific paper describing these analyses is currently under peer review.

What were the most important lessons learned?

At Akros, we now have a question that we ask ourselves when designing social behavioral change interventions: Who is the chief? In rural Zambia, we found that chiefs and traditional leaders were the principal agents of change, and empowering them with data prompted unprecedented success in the sanitation program. We believe these principles can be applied elsewhere, and we are working on empowering chiefs and traditional leaders with data regarding exclusive breastfeeding for the first six months of life and immunization coverage. We also believe that there are "chiefs" in other sectors, such as parent-teacher associations and church clergy. Empowering them with data will greatly improve social behavioral change interventions.