

Sanitation

Community-led total sanitation – Lessons and recommendations

A completed study published by the Water Research Commission (WRC) records lessons and recommendations for successful implementation of Community led total sanitation in South Africa.

Background



Many developing regions experience growing sanitation backlogs despite increased state investment in basic service delivery programmes. Poor sanitation continues to feature in South Africa where backlog realities confront local government, and water services departments responsible for services delivery pursue more effective approaches and strategies.

In particular, the mandate to provide access to adequate basic sanitation to all citizens has remained a daunting task.

Reversion to basic sanitation backlogs after toilet delivery in South Africa is accompanied by widespread lack of community responsibility for sanitation conditions, despite hygiene education investments. Sector stakeholders in this context express dissatisfaction with programme components, stating 'it is not properly done'.

However, experience elsewhere confirms that popular expectation of subsidised services delivery:

- Lead to poor use, care and maintenance due to a lack of 'community ownership' or social responsibility, for collective sanitation conditions;
- Undermine health and hygiene awareness where it is an 'add on' to toilet delivery;
- Dominate a reliance on technical support, which generally inhibits local behavioural change.

Community led total sanitation

The community led total sanitation (CLTS) approach has been gathering momentum in many Africa, Asian, Middle East and South African countries that suffer challenging sanitation conditions. The CLTS approach has evolved in diverse country settings, proving adaptable to different physical conditions and cultural contexts. CLTS puts communities in charge of their sanitation and hygiene matters, addressing subsidy-led challenges of technology uptake, behaviour change and sustainability.

WRC study

The WRC study of adapting the new concepts of the CLTS approach in South African municipal environments was premised on the global assumption that:

- All approaches aim to achieve open defecation free neighbourhoods; and
- How to get there remains a core question facing society.

The premise of this pilot study was that community responsibility and surrounding institutional support have equivalent bearing upon the success of sanitation programmes. In order to guide initial adaptation to mounting backlog realities in South African conditions, lessons were drawn from CLTS experience elsewhere and from Africa in particular.

A comprehensive review of literature provided the background to a dynamic discourse on the challenges and opportunities presented to institutional mindsets, rather than contradict current modes of intended support to beneficiary communities.

Community-led decision-making in Eastern Cape

During the first rural case study in an Eastern Cape backlog setting, the proof of concept application of CSTS training and triggering was led by an experienced guest trainer/practitioner from Kenya. Practical triggering in four rural villages was entwined with the first field-based training of CLTS facilitators in the country.

Each village committed to a collective decision to stop open defecation in their neighbourhoods. It was found that **community-led decisions** to take collective action to create an open defecation free neighbourhood mobilised behaviour change by residents.

CLTS triggering facilitated participatory tools for residents to answer specific questions, which stimulated collective decisions to take immediate action to stop open defecation across their neighbourhoods. Facilitating collective decision-making rather than educating the ignorant, was found to mobilise communities regardless of existing levels of services.

Post-triggering follow up by local civil society volunteers, as emergent natural leaders, dealt with day-to-day barriers to stopping open defecation. Local monitoring and reporting on unfolding challenges noted innovative use of local networks, skills and resources.

Following the first year's progress, CLTS partnerships were initiated in both urban and rural settings to set up a cooperative approach in the pre-triggering stage. Space was created in rural and urban settings for municipal partners to explore the extent to which adapting CLTS might rejuvenate social responsibility for sanitation in a supply-driven context.

Over three years of study it was found that diverse capabilities of levels of sanitation agency may interface productively to maintain and support community sanitation.

Lessons learnt

Lessons from reflecting on experience of applying and adapting CLTS in South Africa shed light on community, institutional and programmatic communities in diverse backlog settings across the country. Initiating CLTS partnerships during pre-triggering and expanding post-triggering activities to incorporate progress reporting at

interfaces between communities and municipalities are key adaptations. CLTS training is a further central adaptation across stages, rather than focusing mainly on triggering.

Although triggering was seen to work in both rural and urban settings, adapting CLTS to a subsidised service delivery context required municipal buy-in. Potential benefits of adapting the CLTS approach were confirmed by community responses in both rural and urban case study settings, as well as by stakeholder responses and interaction within an environment of diverse levels and types of support institution. Key lessons and findings were derived from engaging civil society and public institutions in exploring the mutual benefits of a cooperative approach to achieving community sanitation.

In both rural and urban case studies, voluntary local monitoring of community action plans complemented by revising action plans to follow up on mobilisation unlocked resourcefulness where it was most needed. Productive interaction between different perspectives was based on local monitoring reports by civil society volunteers and located in facilitated progress reporting spaces at interfaces.

The core concept of the CLTS approach was found to centre on mobilising community responsibility for achieving and sustaining sanitation as an open defecation free environment. Based on lessons from the case studies, household level responsibility for hygienic behaviour, use and maintenance of latrines is achievable through CLTS triggering in the short term.

However, concerted stakeholder engagement as part of pre-triggering and post-triggering engagement at the interface between municipalities and communities was found to be key in adapting to the South African context.

Reflection on experience affirms that creating interfaces between municipal and community perspectives is significant to effective follow-up maintenance and support. Bringing diverse capabilities across overlapping layers of stakeholder to bear upon local conditions cooperatively remains core to adapting a community-led approach within a supply-driven environment.

CLTS triggering mobilised decisions by residents in case study settings to take responsibility to dispose their faeces safely and change their daily hygiene practices. Consciousness embedded in local decisions and plans to take immediate action, rather than conceptual understanding or agreement on the importance of hygiene to achieve sanitation, activated local agency to change

neighbourhood sanitation conditions in order to stop open defecation across neighbourhoods.

The pilot study confirmed that popular expectations of municipal provision dominate beneficiaries' sense of entitlement to sanitation services, which directly influences widespread lack of community responsibility for sanitation conditions. An intransigent challenge to sanitation programmes is the poor use and dysfunction of facilities that continue to manifest after municipal delivery, despite costly investment.

Interpretation of policy to programme briefs is equally influenced by dominant mindsets regarding the unserved 'poor' as helpless and dependent on external assistance.

The study confirmed that adapting CLTS concepts to the South African municipal context has currency in fostering partnerships between communities and authorities. Potential for resource sharing rather than entitled delivery calls for improving communication flows between communities and support institutions.

Partnering across levels of stakeholder brought support institutions together to confirm target sites, identify municipal champions and recruit facilitators for training.

Recognising the impacts of user practices on sanitation conditions and facilities stimulates voluntary social action as a foundation for partnering external support institutions with beneficiary communities. The CLTS concept of mobilising neighbourhood responsibility for sanitation as an open defecation free environment has potential to revive programmes to maintain, support and sustain sanitation.

Findings suggest that supporting community-driven decisions and actions readily overcomes resistance to communal responsibility and ownership of neighbourhood sanitation conditions.

Further reading:

To order the report, *Community led total sanitation in South Africa: Lessons and recommendations* (Report No. 2088/1/14) contact Publications at Tel: (012) 330-0340, Email: orders@wrc.org.za or Visit: www.wrc.org.za to download a free copy.