

## Sanitation

### Testing the applicability of community-led total sanitation

# A WRC-funded study has investigated the potential of community-led sanitation in South Africa through a pilot study in the Eastern Cape.

### 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, while human settlement and water services departments pursue more effective approaches and strategies. In particular, the mandate to provide access to adequate basic sanitation to all citizens remains a daunting task to many municipal departments across the country.

At the same time the demand-driven approach of Community-led Total Sanitation (CLTS) has been gathering momentum in many African, Asian, Middle Eastern and South American countries that continue to suffer challenging backlogs. Although CLTS has evolved in diverse country settings, this approach remains anchored in stimulating community decisions to take collection action, with local initiative as the basis for sanitation rather than dependence on service delivery.

### Growing demand-led sanitation in South Africa

Mobilising communities to take action without depending on subsidies, hygiene education or toilet delivery appears to stand in contradiction to current approaches in South Africa. Nevertheless, space was created in a case study setting to explore the extent to which the CLTS approach might rejuvenate the demand side of sanitation in a supply-driven context.

The premise of this WRC-funded study is that community responsibility and support from their surrounding

institutional environment have equivalent bearing upon the success of sanitation programmes. In order to guide initial adaptation to South African conditions in the first case study setting, lessons were drawn from CLTS experience elsewhere and from Africa in particular.

In seeking to complement rather than contradict current modes of institutional support to beneficiary communities, the standard 'health and hygiene awareness' component of projects was claimed as the space for the CLTS approach in the case study. This 'social' component is usually attached to externally conceived 'technical' delivery both of which are carried out by external consultants and contractors. Based on an analysis of current evaluative reports, community mobilisation was conceptually aligned with the existing municipal approach to pursue whether, and to what extent, features of CLTS may complement the municipal function of support for sanitation.

### Core CLTS stages

The **Pre-triggering** stage of the CLTS cycle included stakeholder engagement in preparation for initiating the case study. Without local experience of the kind of support required, adapting to institutional conditions drew heavily on lessons from Africa to guide the confirmation of an appropriate support organisation. Non-government organisations (NGOs) with experience in participatory practice and well positioned to support community initiatives were thus invited to suggest possible case studies.

Finding optimal conditions to test the proof of concept of the CLTS approach in a South African subsidy environment was based on indicators of the most favourable conditions. Adapted from global experience key indicators were compiled into a ranking tool to select rural villages from those

proposed by an NGO based in the Eastern Cape. The NGO committed to providing follow-up support to the rural case study villages. Simultaneously, a CLTS seminar set out to engage different levels of sanitation stakeholder in examining the questions facing the pilot study.

Practical **Triggering** of case study villages thereafter was entwined with the first field-based training of CLTS facilitators in the country. An experienced guest trainer from Kenya led the training and associated CLTS Triggering in four villages. Each village gathering responded as predicted to the Triggering process: by committing to local collective action to stop open defecation in their neighbourhoods. In addition, local volunteers emerged as natural leaders who enthusiastically undertook to encourage residents of all participating villages to stop defecating in the open, as indicated in each village's community action plan.

**Post Triggering** support was planned as primarily responsive to the confirmed natural leaders who undertook to deal with day-to-day challenges and barriers to stopping open defecation. Leaders monitored and reported on unfolding difficulties and neighbourhood responses. In neighbourhoods showing most progress, innovative use of local skills and resources were evident.

Ongoing assessment of progress reporting for each village was subject to the scrutiny of those involved and verification field visits by the research team. Monitoring proved key to the CLTS approach.

Despite assurances of NGO familiarity with communities and traditional leadership in the case study area, the necessity of questioning local organisation and institutional roles and linkages between them more sharply became increasingly apparent. An unintended consequence for the case study resulted from conceding chiefs' 11<sup>th</sup> hour demands to spread imagined benefits across large areas, rather than starting in small selected neighbourhoods, as previously agreed upon with chiefs and headmen. Additional **Post-Triggering** burdens for leaders were:

- Greater distances to cover across large village areas; and
- Dealing with many residents who had not been directly Triggered.

## Key lessons

With hindsight, existing guidance and tools for the Pre Triggering preparation stage were insufficiently investigating for rising to the challenge of institutional mindsets and associated attitudes in the Eastern Cape, and most likely in all of South Africa. Unanticipated gaps in understanding local and

surrounding institutional dynamics first became evident in the final moments of lead time to Triggering.

This experience prompted a recommendation for better organised understanding from different levels of stakeholder perspective as part of preparations, including recruitment for the training of CLTS facilitators.

## Whose project is CLTS?

The case study found that while sanitation practitioners in training viewed CLTS as an institutional project, the natural leaders stated that the project belongs to them and that stopping open defecation was a community initiative.

Reporting back on Triggering by teams of sanitation practitioners and officials, as CLTS facilitators in training, was markedly less enthusiastic and in stark contrast to community enthusiasm. Many learner-facilitators responded to mobilisation as if it were a purely educational exercise and community action plans as dependent on toilets being provided as government. Retaining a conservative position on the helplessness of the poor rather than altering any previously held notions of community dependency, despite the evidence, may be understood as endemic to the subsidy environment.

Reconsideration of the dominant blueprint for State-driven rollout of costly hardware subsidies, with contractors as suppliers as consultants as educators, is recommended where conditions are most favourable. As opposed to counting pits dug and toilets constructed as sanitation delivery, key benefits of the CLTS approach are confirmed as:

- Household level responsibility for hygiene behaviour, use and maintenance of latrines is achievable through Triggering;
- Reduction of costly and short-term external educational inputs that are of dubious value to sustaining behaviour change;
- A wider spread of subsidy benefits may be achieved by investing in Triggering neighbourhoods to climb up an adjusted sanitation ladder where people have step onto lower rungs on their own volition.

Where budget shortfalls constrain rollout plans, municipalities may be prompted to consider support for community-driven sanitation where there is none and where delivery of improved sanitation is unlikely within two to three years. Facilitators that municipalities may readily work with, such as environmental health practitioners, may chart progress towards achieving open defecation free neighbourhoods prior to supply of hardware, as part of their State-sponsored work.

Potential opportunities for unserved communities to take initiative, as an alternative to passively awaiting sanitation provision through government procedures, have emerged sufficiently in the first case study to suggest that further exploration in different settings will be instructive. At the same time, challenges that may deter people from acting on their own behalf or from making constructive contributions to their own sanitation are equally illuminating and should continue to be the subject of pilot study.

Experience in the case study suggests that the CLTS approach offers significant assistance within South African conditions of subsidy expectations by rejuvenating community decision-making and supporting community-driven actions to overcome resistance to long-term community ownership of their sanitation.

## Conclusion

Insights gained from reflecting on this first experience of applying CLTS in South Africa may shed further light on community, institutional and programmatic issues facing diverse sanitation backlog settings across the country. Sharing of resourcefulness will enable sustainable community sanitation based on responsibility and responsiveness that the CLTS approach can do much to trigger. In the follow up to triggering, reporting and responding is a focus area worthy of further study. The interface between community and their municipal partners requires attention to close the gaps in communication across levels of resource, skill and experience.

### Further reading:

To order the report, *Applicability of community-led total sanitation in South Africa: A case study experience of opportunities and challenges* (**Report No. 2088/P/13**) contact Publications at Tel: (012) 330-0340, Email: [orders@wrc.org.za](mailto:orders@wrc.org.za), or Visit: [www.wrc.org.za](http://www.wrc.org.za) to download a free copy.