

# **Applicability of Community-Led Total Sanitation in South Africa: A case-study experience of opportunities and challenges**

Report to the  
**Water Research Commission**

by

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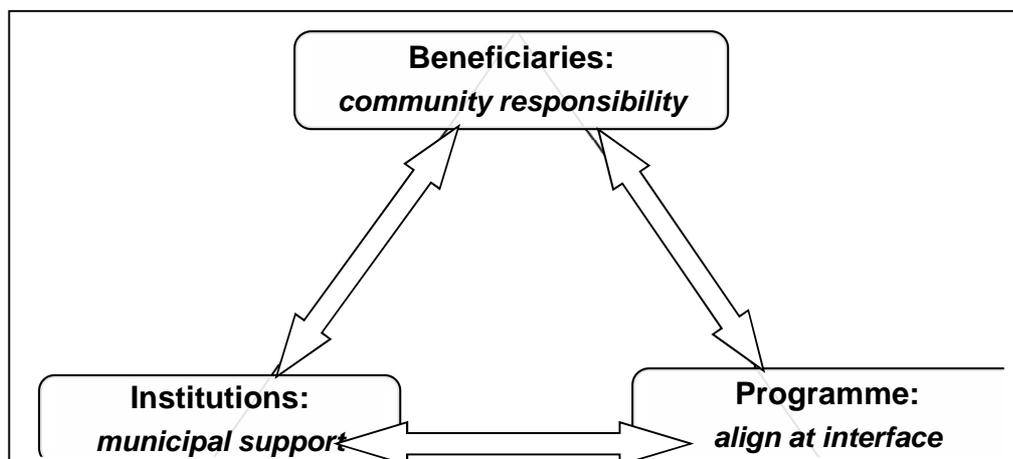
## Executive Summary

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, which are responsible for services delivery.

At the same time the demand-driven approach of *Community-Led Total Sanitation (CLTS)* has been gathering momentum in many African, Asian, Middle East 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 collective action, with local initiative as the basis for sanitation rather than dependence on service delivery.

Mobilizing 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 Community-Led Total Sanitation (CLTS) approach might rejuvenate the demand side of sanitation in a supply driven context.

The premise of this study is that community responsibility and support from their surrounding institutional environment have equivalent bearing upon the success of sanitation programmes. Derived from a comprehensive critique of failing blueprint approaches to development interventions in general, David Korten's public management theory of alignment, described as a "fit", is relevant to this study (Korten, 1980). Korten conceptualized a "fit" between Institutions, Beneficiaries and Programme cornerstones as essential to any programme that sets out to improve community conditions (Korten, 1980). Illustrated in Figure 1 below, an appropriate underlying structure is lent to the study.



**Figure 1: An outline of "fit" required for achieving intended improvements**

The italics in the figure above translate Korten's concept of "fit" to creating bridges between community responsibility and municipal provision with a programme of support that is shaped at the interface between communities and their municipalities. A responsive programme is the space for a productive and dynamic interface between beneficiaries and support institutions.

A framework for adapting the concept and activities of CLTS into the South African municipal environment was developed to guide the first year of study, as presented in Table 1 below.

**Table 1: Developing a Framework for the Pilot Study: Adapting CLTS in South Africa**

\*Open Defaecation (OD)

\*\* Open Defaecation Free (ODF)

<b>Core CLTS Stages</b>	<b>COMMUNITY Responsibility</b>	<b>MUNICIPAL Support</b>	<b>PROGRAMME Align at interface</b>
<b>PRE-TRIGGER (Prepare)</b>	<p>Locality and Baseline.</p> <p>Local organizations and champions.</p> <p>Indicators for targeting neighbourhoods.</p>	<p>ASAP ~ Roll-out planning:</p> <ul style="list-style-type: none"> <li>• Targets</li> <li>• Budgets</li> </ul> <p>Stakeholders, champions, and institutional dynamics.</p> <p>Identify backlog "fall-out".</p>	<ul style="list-style-type: none"> <li>• Profiling for Municipal buy-in – Data table</li> <li>• Community/ institutional dynamics – Venn tool</li> <li>• Recruit Facilitators for the Interface – Criteria</li> <li>• Guide neighbourhood selection – Ranking Tool</li> </ul>
<b>TRIGGER (Mobilise)</b>	<p>Participation of h/h in target neighbourhoods.</p> <p>Detailed OD Maps. Community Action Plans.</p> <p>Natural Leaders.</p>	<p>Municipal and Community Interface:</p> <ul style="list-style-type: none"> <li>• Records &amp; Reporting</li> <li>• Monitoring Routines</li> </ul> <p>Facilitators whom municipality will work with.</p>	<ul style="list-style-type: none"> <li>• Train Facilitators – over 3 phases of CLTS cycle</li> <li>• * OD Maps – Baseline</li> <li>• Report back of Action Plans to Champions</li> <li>• Set up Interface schedule</li> <li>• Profile Natural Leaders</li> </ul>
<b>POST TRIGGER (Support)</b>	<p>Monitor progress to **ODF.</p> <p>Report on local responses as Actions:</p> <ul style="list-style-type: none"> <li>• Behaviour</li> <li>• Skills, Resources</li> <li>• Challenges</li> </ul> <p>Verify **ODF</p> <p>Celebrate ODF.</p>	<ul style="list-style-type: none"> <li>• Acknowledge local initiative.</li> <li>• Respond to specifics based on M&amp;E system</li> <li>• Align planning as a response to progress and challenges.</li> </ul> <p>Support community ownership of sanitation.</p>	<ul style="list-style-type: none"> <li>• Align ** ODF objectives.</li> <li>• Revised Sanitation Ladder for entry level.</li> <li>• Monitor progress toward stopping *OD – Checklist</li> <li>• Access to appropriate hardware – 'Markets': manufacture/supply</li> <li>• Climbing up Sanitation Ladder – Evaluation</li> </ul>

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. A comprehensive review of literature provided the background to initiating a dynamic discourse on the challenges and opportunities presented by CLTS to institutional mindsets in South Africa.

In seeking to complement rather than contradict current modes of institutional support to beneficiary communities, the standard 'Health & 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.

The **Pre-Triggering** stage of the CLTS cycle included sanitation 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 organization. Non-government organizations (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 defaecation in their neighbourhoods. In addition, local volunteers emerged as **Natural Leaders** who enthusiastically undertook to encourage residents of all participating villages to stop defaecating 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 Defaecation (OD). Natural 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 the NGO's support role and Amatole District Municipality's (ADM) responses in progressive stages was initially based on indicators drawn from the literature. It was confirmed that local monitoring and reporting of actions taken by residents to stop defaecating in the open is key to the CLTS approach. Details captured in appendices and discussed in this report indicate that more guidance for **Local Monitoring** of progressive achievements and challenges will assist both support organizations and Natural Leaders in fulfilling their **Post Triggering** role.

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

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

With hindsight, existing guidance and tools for the **Pre Triggering** preparation stage were insufficiently investigated 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 organizational understanding from different levels of stakeholder perspective as part of preparations, including recruitment for the Training of CLTS Facilitators.

Given that the CLTS approach focuses on facilitating community driven projects, presumptions of community ownership of the initiative also became increasingly pertinent to the study. A key question that arose time and again, expressed from the diverse perspectives of those involved, and that remains threaded throughout this study is:

➤ **Whose project is CLTS?**

The case study found that while sanitation practitioners in training viewed CLTS as an institutional project (of IDS, WRC or CPUT), the Natural Leaders stated that the project belongs to them and that stopping open defaecation 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 dependant on toilets being provided by 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.

On the other hand, research indicates that opportunities for deepening understanding and reflective

learning by sanitation practitioners who work with municipalities should be further explored. Integrating CLTS into the demand side of basic sanitation provision creates various spaces to complement the South African model of the municipal sanitation function more effectively than does a didactic educational service.

Reconsideration of the dominant blueprint for state-driven roll-out of costly hardware subsidies, with contractors as suppliers and 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 hygienic 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 roll-out plans, Municipalities may be prompted to consider support for community-driven sanitation where there is none and where delivery of VIPs is unlikely within 2-3 years. Facilitators that municipalities may readily work with, such as Environmental Health Practitioners (EHPs), may chart progress towards achieving Open Defaecation 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.

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 communities and their municipal partners requires attention to close the gaps in communication across levels of resource, skill and experience.

## Acknowledgements

Thanks are due to traditional leaders and the residents of participating villages situated in Mncwasa West and Zikholokota on the north-eastern edge of the Amatole District and Mbathe Local Municipalities. Without their curiosity and enthusiasm the learning experience of the first CLTS case study in South Africa could not have unfolded.

In particular, thanks are due to local volunteers from each case study village who took up the momentum created by CLTS Triggering to encourage communities to stop open defaecation without external assistance. Their willingness to demonstrate solutions, persistence in the face of challenges that arose and the time and effort spent walking the hills and valleys with cheerful endeavour demonstrated attributes of natural leaders.

Many thanks to the sanitation stakeholders who have shown an interest in learning from this pilot study, including:

- Amatole District Municipality staff who have set time aside to learn about CLTS, keeping an open mind in regard to exploring ways to strengthen local authority commitments to eradicate the sanitation backlog in the district;
- Local Municipal officials who are situated in other regions and Eastern Cape Districts;
- Eastern Cape Provincial Departments of Water Affairs and of Human Settlements.

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## Acronyms

<b>ADM</b>	Amathole District Municipality
<b>ASAP</b>	Accelerated Sanitation Programme
<b>CBO</b>	Community-Based Organisation
<b>CLTS</b>	Community-Led Total Sanitation
<b>COGTA</b>	Cooperative Governance and Traditional Affairs
<b>CSO</b>	Civil Society Organisation
<b>CWSS</b>	Community Water Supply and Sanitation Unit (CPUT)
<b>DHS</b>	Department of Human Settlements
<b>DM</b>	District Municipality
<b>DOH</b>	Department of Health
<b>DWA</b>	Department of Water Affairs
<b>EHP</b>	Environmental Health Practitioners
<b>EWB</b>	Engineers Without Borders
<b>IDS</b>	Institute of Development studies
<b>IIED</b>	International Institute for Environment and Development
<b>ISD</b>	Institutional and Social Development
<b>KSD</b>	King Sebatha Dalindyebo
<b>LM</b>	Local Municipality
<b>MDG</b>	Millennium Development Goals
<b>MIG</b>	Municipal Infrastructure Grant
<b>NGO</b>	Non-Government Organisation
<b>NL</b>	Natural Leader
<b>OD</b>	Open Defaecation
<b>ODF</b>	Open Defaecation Free
<b>PHAST</b>	Participatory Hygiene and Sanitation Transformation
<b>PLA</b>	Participatory Learning Action
<b>PRA</b>	Participatory Rural Appraisal
<b>RSS</b>	Rural Support Services
<b>SARAR</b>	Self-esteem, Associative Strengths, Resourcefulness, Action Planning, Responsibility
<b>UDS</b>	Urine Dimension Systems
<b>VIP</b>	Ventilated Improved Pit Latrine
<b>WHO</b>	World Health Organisation
<b>WRC</b>	Water Research Commission

## Glossary of Terms

<i>Action Plan</i>	Actions that must be performed over time to complete steps that are allocated periods with assigned responsibilities and consideration of resources required.
<i>Community</i>	A group of people living in a particular area or place with characteristics, sharing or having certain interests and attitudes in common.
<i>Community- Led</i>	When community decisions continue to drive and lead plans and actions that are taken in a community.
<i>Demand driven sanitation</i>	When sanitation is a response to demand by people or a community who have expressed their need based on values ascribed to sanitation, sometimes induced or stimulated by means of promotion, awareness raising or educational approaches.
<i>Open Defaecation</i>	Defaecating in the open and leaving shit exposed. (Source: IIED, 2010)
<i>Open Defaecation Free</i>	When no faeces are openly exposed to the air. A pit latrine with no lid is a form of open defaecation, but with fly proofing qualifies as ODF. When faeces is covered in a trench, this can form transition from OD to ODF. (Source: IIED, 2010)
<i>PHAST</i>	Participatory Hygiene and Sanitation Transformation is a methodology that visually demonstrates the relationship between sanitation and health, geared to empower community members to improve, own and take responsibility for their water and sanitation facilities based on self-esteem.
<i>Pre-Triggering</i>	Preparations for CLTS include ensuring that a support organisation is able to follow up CLTS Triggering initially facilitated in favourable conditions and that facilitators are adequately trained in application, attitudes and behaviours.
<i>Sanitation</i>	The hygienic use of facilities and services for the safe collection and disposal of human urine and faeces, solid waste and wastewater includes the maintenance of hygienic conditions.
<i>Supply driven sanitation</i>	When services are supplied, usually with a central component of toilet construction of a prescribed standard and specifications, through project mechanisms managed by service providers and funded by public institutions
<i>Triggering</i>	Refers to the facilitated process that usually includes a community meeting, mapping, a transect walk to areas of open defaecation, and exercises that illustrate the faecal-oral contamination route. (Source: IIED, 2010)
<i>Ukunya</i>	Xhosa term for "To Shit" used most frequently
<i>Post Triggering</i>	An immediate follow up with emergent natural leaders after Triggering and subsequently to encourage and support progress of Community Action Plans until Open Defaecation Free (ODF) status is reached.

# 1. Introduction

Within South Africa there is growing disenchantment with national policy intentions to provide subsidized basic sanitation services to the country's poorest citizens. Most South Africans expect that government should provide as promised, and often re-iterated during election campaigns. Discontent is associated with poor basic services delivery that is generally put down to constraints and challenges experienced at a local government level.

On the other hand, there is growing acceptance across the globe by the wider sanitation sector elsewhere that household hardware subsidies may inhibit the local initiative that is essential to achieve and maintain sanitation. Principles of community participation underpin most approaches to demand driven sanitation, which emerged as a response to failures by external agencies to provide and sustain basic sanitation.

Community-Led Total Sanitation (CLTS) is currently gaining popularity internationally as a community-based approach to achieving total sanitation, defined as an Open Defaecation Free (ODF) environment. Application of this methodology is spreading across regions where governments have not effectively delivered on the significant MDG target of *reducing by half the proportion of people without sustainable access to safe drinking water and basic sanitation by the year 2015*.

Against this background, the aim of this study was to explore the compatibility of an entirely community driven approach to solving local sanitation challenges in a context where toilet subsidy expectations exist. Whether facilitating community-led sanitation initiatives to achieve total sanitation may assist in overcoming obstacles to reducing South Africa's sanitation backlog through the state's service delivery approach was considered throughout the study.

Initial findings were drawn from a literature review, a sanitation stakeholder seminar, interviews with stakeholders on a diversity of levels and field observations. Key role players, who are associated with a rural area that was selected for first case study, were engaged in the investigation of appropriate and complementary adaptations of the CLTS approach in South African conditions.

The South African Constitution, national policies, strategies and delivery programmes emphasize the right to basic services and clearly define local government's responsibility for provision. The discourse that emerges from reviewing current literature confirmed that challenges to reducing the sanitation backlog in South Africa include:

- Subsidized service delivery expectations are widespread;
- Institutional arrangements at national and provincial levels of government have been changed in efforts to address persistent challenges;
- Sanitation policy is continuously reviewed;
- Financial constraint is still put forward by local government as the biggest challenge, despite incremental budget modifications.

Adjustments have been intended to manifest in proper use, maintenance and sustainability records. Neither increasing the subsidy per household, as well as increased investment in health and hygiene education service has resulted in improved delivery rates, nor a 'sense of ownership' by beneficiaries. In this context alternative approaches continue to be promoted while policy documents are again under review (2011-2012) in order to improve existing guidance and support for more effective municipal delivery.

Review of the literature reflecting on CLTS experience elsewhere and in particular in African countries, informed initial adaptations to the South African context. The extent to which the demand side of sanitation could be rejuvenated in a supply driven context was explored in the social space of the "Health & Hygiene Awareness" component of current approaches.

Exploring potential for the CLTS Approach to complement the current *Accelerated Sanitation Programme* driving municipal service delivery, considers three possible benefits to rolling out basic sanitation to all citizens. These are:

- Mobilising collective sanitary behaviour and associated action is not reliant on subsidy allocations to Provincial departments, District or Local Municipalities for planned 5-year roll-outs of provision.
- The high cost of the household subsidy, which prevents a wider spread of benefits to marginal and financially stressed communities, can be reduced through active community inputs and the use of local resources to initiate sanitation;
- The high cost of consultants and contractors, in managing both toilet construction and educational services, may be partially replaced by community contributions and resourcefulness.

Experience in the case study has confirmed that community mobilization for achieving total sanitation coverage raises collective consciousness that facilities can only be effective if all households in a neighbourhood practice hygienic behaviour. Indicators for stopping open defaecation that were identified by Natural Leaders were more specific and encompassing than access to an individual household toilet. They included:

- No faeces anywhere outside in the open;
- No flies carrying faecal deposits;
- Water sources must be kept clean of faeces;
- Each toilet must be safe for small children to use;
- Each toilet must be clean and kept in good condition;
- Parents must oversee children;
- Children must have fewer cases of diarrhoea.

*(Indicators identified by a joint Natural Leaders meeting on 29/09/ 2011)*

CLTS Triggering demonstrably mobilizes people to take responsibility for their sanitation by directly tackling community ownership, effecting behaviour change and monitoring on a local level. However, it was noted that all three stages of the CLTS cycle have significant bearing upon sustaining the momentum of Triggering.

Initiation of the study included stakeholder engagement in a CLTS Seminar as part of CLTS *Pre-Triggering*. Subsequent stages of *Triggering* and *Post Triggering* follow up were accompanied by reflecting on responses and actions of people at each stage. Reporting on outcomes and lessons from the case study adds reflective insight for sanitation practitioners.

This report of the case study experience has confirmed that the CLTS approach facilitates local sanitation actions that are based on community decisions. Costly expenditure on hardware delivery and educational inputs by external service providers may be better invested, at least partially, in providing support for more communities to take ownership of their sanitation.

## **1.1 Structure of report**

After introducing the background to the pilot study, the research methodology is briefly described in the first chapter. Background to the first case study experience of CLTS in South Africa is covered by a review of two areas of experience-based knowledge concerning basic sanitation: promotion and critiques of the CLTS approach, and documentation related to South African sanitation conditions. The second and third chapters summarise the findings from the comprehensive literature review that was presented in a previous progress report.

The second chapter describes the CLTS methodology as it has evolved internationally in more detail, before focusing in particular on lessons from experience in several African countries. This chapter draws out guidance and lessons from Africa that are most pertinent to South African conditions in consideration of adapting to un-favourable subsidy conditions while retaining the essential spine of the approach.

The rationale for a CLTS pilot study in these conditions is explained in the third chapter, which provides a general understanding of the South African sanitation context. Areas of concern and specific pointers most relevant to anticipated challenges and potential opportunities are considered broadly before focusing on specific considerations for investigating:

- What are institutional and community responsibilities for achieving sanitation?; and
- How may community driven sanitation fit with municipal delivery programmes?

Adapting CLTS in the initial case study of a rural setting in Eastern Cape is described in Chapter 4, captured as an experience over the three stages that are core to the CLTS concept. Appendices are organized into clusters of data against the spine of the CLTS cycle, comprising:

- Pre-Triggering data: including institutional perspectives and case study selection;
- CLTS Triggering data, generated by both community and learner-facilitators;
- Post Triggering data from follow up progress reports by the NGO and Natural Leaders.

Chapter 5 is derived from progressive monitoring of outcomes and an overall evaluation, conducted towards the end of the first year of study. Further reflection on what worked well in the case study, what challenges arose and which specific aspects may have required more attention in hindsight, culminates in recommendations that are suggested in Chapter 6.

## **1.2 Methodology for the study**

Firstly, the study itself raised questions regarding the compatibility of the CLTS approach to the South African context of subsidized basic sanitation. A review of current knowledge set out the core CLTS concept and principles essential to the practice of this approach. As a starting point for the study, and drawing on African experience in particular, pointers most relevant and applicable to South Africa were pursued regarding:

- ***What are key principles and lessons from CLTS elsewhere?***
- ***Why adapt CLTS in the South African context?***

The review of current literature provided a backdrop of South African sanitation conditions as the context within which the study was to unfold in a particular municipal environment. Preceding activation of the first CLTS experience in South Africa, findings were presented to a CLTS Seminar which invited relevant public institutions, local government, NGOs and CSOs, to pursue these questions as a learning opportunity. South African sanitation stakeholders occupied on a range of levels in a diversity of roles, simultaneously obtained information and actively contributed towards identifying:

- ***What are South African stakeholders' questions and concerns?***
- ***What are challenges and opportunities?***

Subsequently, a questionnaire for stakeholders pursued wider opinion, building on the initial network of interest in the study. Contributing to a dynamic sanitation discourse, stakeholders engaged in a concurrent national policy review process, provincial and district focus group interviews and a meeting with national DHS officials generated data on South African stakeholder perspectives.

Guidance for adequately testing the CLTS approach in a South African case study advised that a committed support organisation to respect community decisions and encourage community-led actions is an essential component. Selecting the first case study and an accessible support organisation was therefore simultaneous with stakeholder engagement, guided by questions of:

- ***Where are the most favourable conditions for CLTS in South Africa?***
- ***What community support needs can be anticipated?***

Seeking alignment of community driven projects with the municipal delivery programme considered gaps in preparatory activities and prompted additional tools for adapting to South African conditions. Although the spine of the approach grounded all adaptations, additional sub-questions prompted the inclusion of additional tools located outside the CLTS basket.

Detailed questions of what, how and who would best be actively engaged to integrate community and institutional elements in sanitation projects within planned municipal programmes, were organized into a research framework shown in Table 2 below.

**Table 2: Research Framework for adapting CLTS to SA conditions**

<b>CLTS</b>	<b>COMMUNITY</b>	<b>MUNICIPALITY</b>	<b>INTERFACE</b>
<b>PRE-TRIGGER</b> <i>(Prepare)</i>	How to target?	What plans are in place? Where are the targets?	<b>Stakeholder Engagement. Profiling &amp; Ranking indicators.</b>
	How do local organisations work? Who are potential local champions?	What are institutional dynamics? What support structures exist?	<b>Venn Diagram: Community and Institutional dynamics</b>
	Who may facilitate at the interface?		<b>Recruit Facilitators</b>
<b>TRIGGER</b> <i>(Mobilise)</i>	Where is OD and how does it affect you?	Who will support and respond to initiatives and challenges?	<b>Train Facilitators</b>
	What do you want to do about it?		<b>Community Report back: Community Action Plan</b>
	What interface structures and routines are needed?		<b>Confirm Natural Leaders</b>
<b>POST-TRIGGER</b> <i>(Follow up)</i>	What will show progress and challenges?		<b>Monitoring Checklist.</b>
	Who to report on progress to whom?	Who is responsible for what?	<b>Reporting Schedule.</b>
	What materials and skills are used? What innovations emerge?	How to respond? How to support community ownership of sanitation?	<b>Revised Sanitation Ladder.</b>
	How will you know ODF is achieved?	How to sustain ODF?	<b>Verify &amp; Celebrate ODF</b> <b>Sanitation Marketing</b>

The case study provided the field for questioning the outcomes of activities and responses at each stage. Key questions for assessing progress and understanding challenges that emerged, as well as an evaluation of responses and outcomes were:

- ***What monitoring indicators assisted in supporting progressive achievements?***
- ***What obstacles arose to challenge everyone stopping Open Defaecation?***
- ***What local innovations emerged in response to those challenges?***

A Seminar for stakeholders provided a productive learning space for public institutions involved in sanitation, including provincial, district, local and traditional government, NGOs and CSOs. Institutional dynamics have a bearing on the interface between communities and their municipalities and should therefore be well understood. Within each situated learning opportunity as there may be diverse support organizations that range in capacities, degrees of formality and that are more or less accessible to participating communities.

## 2. About Community-Led Total Sanitation (CLTS)

CLTS is anchored in the concept of "*Community-Led*", which means that the community is the driving force for change. Another core feature is that the "*Total Sanitation*" concept necessitates that everyone uses a hygienic toilet and safely disposes of their domestic waste in such a way that *Open Defaecation* (OD) does not occur (IIED, 2010). Focusing on achieving an *Open Defaecation Free* (ODF) neighbourhood is led by community *Action Plans*, rather than by providing sanitation infrastructure or services. CLTS facilitation and initial activities are founded on *Participatory Rapid Appraisal* (PRA) experience (Chambers, 1992).

While "there is no 'magic bullet' when it comes to community sanitation, nor is there likely to be "universal consensus on the optimum way of involving communities in the process" (Bruijne, 2007: 6) ongoing challenges provide much space for sanitation practitioners to be innovative and empirical. The principle of 'creating demand' associated with achieving sanitation applies to various participatory methodologies for 'demand driven sanitation'. Underlying principles that are common to all participatory approaches are:

- All people are capable of understanding causal factors and identifying appropriate and effective ways to collectively improve their conditions;
- Communities determine priorities by deepening their own collective knowledge to find a common good as a basis for common objectives.

PRA provided ways to gain insight into community experience by making local knowledge collectively accessible. Initially, Mapping and Transect Walks locate physical evidence in places associated with themes. Transect Walks led by local people who are familiar with their environment and community practices, together with observation while walking in different directions, added dimension to participatory mapping.

Differentiating between participatory appraisal activities for extractive purposes, as distinct from those enabling local people to make decisions, plan and act, became increasingly necessary as the popularity of PRA spread during the 1990's. Development practitioners and academics did not necessarily carry through on 'handing over the stick', a key principle of PRA, in their interactions with people living in the everyday realities of interest to outsiders.

Extractive appropriation included eliciting information for externally driven interventions to empower external organizations, and strengthening academic validity of individual qualitative research agendas. Essential attitude and behaviours of facilitators did not consistently drive a paradigm shift to a new "mode of learning" (Chambers, 1992:5). As PRA evolved, beyond enabling people "to share, enhance and analyze knowledge of life and conditions" (Chambers, 1992:5) as a learning agenda, to activating community-driven change through planning and action, many practitioners adopted the nomenclature of *Participatory Learning Action* (PLA) to distinguish their practice. PRA became PLA over time, consolidating its validity as an approach during a time of accelerating change and unpredictability (Chambers, 1992).

*Community-Led Total Sanitation* (CLTS) has most recently taken a leading edge role in extending PLA practice to an outcome that is by definition a *Community Action Plan*, which is followed up and locally monitored to progressive and measurable achievements. The CLTS methodology is intent on focusing entirely on community action as the primary outcome, rather spending time and energy on understanding community knowledge and practices. Advantages of the approach are that CLTS does not rely on sanitation subsidies or costly services provided by external agencies (IIED, 2010).

CLTS also sets out to empower community residents as facilitators (Natural Leaders) who then move on to influence other communities to spread the effect. Using the momentum of collective action and social cohesion, communities have reportedly often addressed other livelihoods issues in poverty trapped communities (Peal et al., 2010). Use of the CLTS approach needs confidence in the capability and social solidarity of communities so that agencies become facilitators rather than providers.

Previous endeavours to create "Health & Hygiene Awareness" through educational approaches and sanitation promotion bear comparison. Applications of *Participatory Hygiene and Sanitation Transformation* (PHAST) gained in popularity in South Africa since delegation of five practitioners drawn from different provinces attended a training sponsored by World Health Organisation in Zimbabwe in 1998. A national training of PHAST Trainers in Namaqualand also introduced a urine diversion system (UDS) developed and in use in Mexico, leaving a form for casting UDS pedestals in Twee Rivier for local manufacture. Subsequent concerted efforts to spread the practice included several field-based training workshops conducted in each province.

Although *PHAST* is an approach that focuses on community practices and behaviours that are integral to community decision-making, including sanitation technology choices (IIED, 2010), in South Africa the approach was rapidly narrowed down to an educational and information transfer set of tools. It became common practice for *PHAST* to be used to "create Health & Hygiene Awareness" in communities where standardized designs of toilets were about to be, were being, or had been constructed by external contractors.

The parent of *PHAST* (Wood, Sawyer & Simpson-Herbert, 1998) is the *SARAR* methodology (Srinivasan, 1992), which holds an acronym containing and reflecting core elements of its objectives. These elements of community self-realization, are stated upfront as:

- Self esteem
- Associative strengths
- Resourcefulness
- Action planning
- Responsibility

The intention of this methodology is that aligning local resourcefulness and responsibility becomes manifest in action plans, accompanied by local monitoring methods. Apart from participatory assessment techniques

the inclusive planning activities in the **SARAR** basket of tools enable technical and social aspects of water and sanitation projects to be integrated.

CLTS is different from other sanitation approaches in that the methodology focuses on:

- Stopping OD as the source of the problem
- No one being safe unless everyone is safe
- Stopping OD to change hygiene behaviour

Three essential stages endemic to the CLTS approach are outlined in sequence below:

**Pre-Triggering** includes selecting favourable neighbourhoods where high rates of Open Defaecation (OD), low numbers of latrines or outhouses and high rates of diarrheal diseases exist to initiate CLTS in an area. While appropriate organisational support is essential, facilitators are prepared not to provide the village with any kind of material assistance (no money, no latrines) nor advice or guidance.

**Triggering** is the moment when a community collectively decides to stop OD as the source of disease plaguing households. A set of simple exercises that are run over a few hours are:

- Mapping of Open Defaecation and Transect Walks to locate – *Where do people shit?*;
- Calculating quantities and costs – *How much shit is produced collectively in a year?; How many people get sick every year from OD related illnesses?; How much does this cost?;*
- Visual demonstration of contamination of food or drinking water, using a piece of grass or a twig to brush against fresh shit to show flies or other means of transfer to ingestion;
- Action Plan to stop OD in their neighbourhood – *Do you want to stop eating shit? When?*
- Community Report of their plan by Natural Leaders to stakeholders such as civil society leaders, administrative officials and organizations whom they decide are important.

**Post Triggering follow-up** immediately after Triggering consists of returning a couple of days later, and every couple of weeks until OD Free (ODF) status is reached. Checking on progress of a Community Action Plan is prompted by asking Natural Leaders: *Have the villagers been following their action plan? Why or Why not? What kind of challenges have they encountered?*

Finally, **Verification** against strict criteria once a village has claimed to be OD Free (ODF) is followed by an **ODF Celebration** that is appropriate to local culture (parties, music, dancing, shows, etc.). Signs may be put up to draw attention to a community's achievement and facilitate spread to other neighbouring communities.

In CLTS terminology ODF status is most explicit in meaning: *no more faeces can be found anywhere in the neighbourhood, behind bushes, between tall grass nor in the open at all*. Rather than counting the number of toilet structures that exist, ODF indicators require that children of all ages are accommodated and that facilities are functional and used. Keeping toilets functional and clean is not segregated from a collective community decision and household actions that are instigated to prevent ingestion of faeces.

## **2.1 International Experience of CLTS**

Since 2000 the practice of CLTS has reportedly spread across many countries in Asia, Africa and Latin America, including India, Indonesia, Nepal, Pakistan, Cambodia, Bolivia and Afghanistan. The CLTS approach has challenged traditional mindsets and practices, particularly the idea that subsidies for hardware are necessary because people cannot afford to construct sanitation facilities (Kar & Chambers, 2008; IIED, 2010).

Experience in some countries has raised challenges (IIED, 2010) that have been shared by practitioners, along with many successes. Critical reflection and sharing has been enabled through the long term commitment of *The International Institute of Environment and Development* (IIED) to support networks and publications on a core theme of *"participation of people in processes of learning about their needs and opportunities, and in the action required to address them"* (IIED, 2010).

Key challenges that have been noted from international experience are inherent in the positioning and capability of development professionals and institutions. Difficulties may arise where the supply side is entirely neglected or inadequately developed, and where supply chains are too weak or inappropriate for enabling households to climb up the sanitation ladder. As a result, where previous interventions have offered subsidies or prescribed certain standards both practitioners and communities tend to have reservations and be sceptical about CLTS, preferring to wait for hand-outs (Peal et al., 2010).

One disadvantage of the approach is that CLTS relies on the quality of participatory facilitators, who need to be supported by committed organisations. In identifying potential practitioners the selection process, their training and their motivation level are critical factors for success. Development agencies that have previously provided subsidies for sanitation have sometimes found it difficult to use the CLTS approach because it may initially cut out professionals such as consultants, contractors and suppliers. In addition they find it hard to break the community's dependency on them for provision of hardware. Willing agencies may find it difficult making the CLTS approach work in communities where other agencies are subsidizing and promoting costly models of toilets (IIED, 2010).

Trust of community capability and sensitivity requires attitudes and behaviours that formal training is not able to produce. As professionalizing participatory skills in the past has resulted in a diminishing quality of practice, skills to support and facilitate CLTS are recognised in ODF results reflecting skills to facilitate local decision-making and actions. Support organizations with such staff must be able to encourage local

“Natural Leaders” who reside in the community /area, to adopt what they think the best way will be to communicate, encourage, monitor and respond to local level dynamics.

Comprehensive evaluation and sharing of global experience has continually added to a list of unfavourable conditions for CLTS. Physical, social and organizational indicators of where CLTS is less likely to work as intended are highlighted in many publications. A key adverse indicator is where there has been a recent or is a current programme for hardware subsidies, or one is thought or known to be proposed. Other adverse physical indicators include:

- Apparently clean conditions in main pathways and along stream banks suggesting that OD is controlled, to some extent.
- Where it is virtually impossible to dig a pit deeper than 1m by hand, with consequent limitations on the type of latrine solution.
- Economic use of faeces for fish farming or agriculture is prevalent.
- Where people are very healthy with little diarrhoea.
- History of and stories about latrine collapse or failure or danger (e.g. of children falling in)

Adverse social indicators include:

- Women are seldom seen in public areas, and it is questionable whether they have a significant voice.
- Socially divided community with low cohesion and a weak tradition of joint action.
- Likely resistance from influential people within the community.

Adverse organisational indicators include:

- Big budgets for subsidies, targets and reporting based on latrines constructed.
- Staff with top-down teaching cultures and practices and opposition from such staff.
- Lack of staff and resources for follow up, encouragement and support after triggering.

Villages or Neighbourhoods that are good candidates for the CLTS approach are areas with visibly high rates of Open Defaecation (OD), low numbers of functional latrines or outhouses, high rates of diarrheal diseases and cholera epidemic prone areas. Drawing from CLTS guidelines, conditions that are favourable are detailed for the purpose of selecting places to start with the intention that CLTS may spread, based on successful and celebrated results.

External support agencies should be properly trained to facilitate a series of simple exercises which help village members make the connection between shitting in the bushes and how that shit can end up in their food and water making them sick. Using the local word for “shit” is considered an important part of this process as negative connotations helps to “ignite” the decision to take immediate action against stopping OD (Kar & Pasteur, 2005; Kar & Chambers, 2008; IIED, 2001). It is imperative that the facilitator does not preach or tell people what to do, but instead asks simple questions to draw their attention to the issues.

It is asserted that the sense of disgust and embarrassment and provokes communities to stop OD. The following tips taken from Tear Fund's facilitator of CLTS campaigns in Afghanistan (Kar & Bongartz, 2006:24; Kar & Chambers, 2008; IIED, 2010.) are emphasized repeatedly.

- Use of base-level language!
- CLTS is a process that is dependent on all community members being able to talk about defaecation habits freely.
- Break down any taboo around the subject.
- Encourage use of words that everyone in the community understands.

Continually pointed out in all the literature is the importance of organizations and facilitators not at any stage providing or promising the village any kind of material assistance – no money, no latrines- nor advice or guidance for achieving ODF status. Local "Natural Leaders" are to adopt whatever they think the best way will be to communicate, monitor and respond to village level obstacles and dynamics, guided by the collectively agreed Action Plan. Monitoring progressive achievements on a local level, guided by Action Plans and Maps encourages Natural Leaders to play the key role. It is essential to support progress on a local level by supporting the community-based Natural Leaders (Kar & Pasteur, 2005; Kar & Chambers, 2008; IIED, 2001).

It is also emphasized that Post Triggering follow-up is as important as the initial Triggering event to help keep villages motivated and on track. Support takes the form of continuing to follow up with the village every couple of weeks until they become OD Free (ODF). The external agency will usually pay a surprise visit to the village to verify their claims. Once verified against strict criteria, visible celebrations are part of the approach to motivating neighbouring villages to adopt CLTS and become ODF as well.

Critics on the international sector have expressed doubts about the sustainability of ODF due to the inadequate technology of community innovations. A paper recently submitted under the auspices of *engineers without borders* (EWB) to a conference hosted by The Royal Academy of Engineering, questions the complete "exclusion of technical support" in CLTS, while understanding that this is in the interests of communities developing a "sense of ownership" (Papafilippou et al, 2010: 1).

With reference to case studies in India, Bangladesh, Nigeria and Cambodia issues are raised regarding local innovations achieving their "primary purpose" (Papafilippou et al, 2010: 2). While drawing attention to "technical weaknesses" of some local innovations the quality and suitability of the materials used appear to be the main issue, while local ingenuity and creativity is not denied. Additional issues raised are insufficiently safe disposal of excreta, shortcomings in design of ventilation, inadequate protection of groundwater, poor soil characteristics for drainage of wastewater and poor performance affecting sustainability of functional toilets (Papafilippou et al, 2010).

Conclusions regarding that are put forward for further debate are based on finding that community innovations are not always adequate to providing improved sanitation. Technical support is deemed

necessary to ensure “long-term sustainability” depending on particular challenges “on a case by case basis”, where developing a local supply chain and “training of masons are highly desirable” (Papafilippou et al, 2010: 4). Linked to debating forms of appropriate technical support is increasing interest in *access to sanitation suppliers* of affordable hardware as a key factor.

The notion of *Sanitation Marketing* that has recently gained specific interest, as described in *Scaling Up Rural Sanitation: Introductory guide to Sanitation Marketing* has taken centre stage in appropriate technology debates (see [www.wsp.org](http://www.wsp.org)). Influencing open defaecation behaviours as a focus opens up the need to probe both demand and supply factors. Research has revealed that major constraints to part-time, informal and small scale provider contributions to an accessible supply chain, that would strengthen supportive responses as part of follow up after CLTS Triggering, are lack of access to capital, materials and training on sanitation products and technologies.

In alignment with CLTS follow up it is suggested that helping people move up the sanitation ladder can shape sanitation marketing strategies that are demand-responsive and target end-users. Upgrading over time should focus on desired benefits and pricing that is not out of reach, rather than features and specifications of technology options (see further in [www.wsp.org](http://www.wsp.org)).

As this South African pilot study seeks to adapt CLTS to a supply driven context, international research, dialogue and developments regarding sanitation marketing may be productively set alongside progress of the CLTS movement’s capacity for effective social mobilization of sanitation. Adaptations that are firmly based on community-level supply chain analysis could be further explored within the reality of each case study context.

## **2.2 Lessons from African experience of CLTS**

On the African continent, experience of CLTS in the countries of Ethiopia, Sudan, Sierra Leone, Tanzania, Kenya, Uganda, Zimbabwe and Zambia have unfolded in varied programmatic conditions. African challenges, including those arising in the context of applying CLTS alongside subsidized sanitation provision, provided pointers for adaptations in the South African context.

A recent special issue of PLA notes 61: *Tales of Shit: Community-Led Total Sanitation in Africa* (IIED, 2010) focuses on collating and critically reflecting on experience of applying CLTS closer to home. Experience of challenges, successes and ongoing issues are shared by practitioners (and researchers) from Zimbabwe, Zambia, Malawi, Uganda, Sierra Leone and Kenya (IIED, 2010). Although Kenya has been home to a rapid spread of CLTS practice and ODF achievements, differing outcomes and responses are instructive.

Since Plan-international Kenya adopted the CLTS approach and facilitated the first ODF village (Kilifi District) in November 2007, it was found that in arid areas with sparse populations and where high latrine coverage had been achieved through traditional approaches there was not as much motivation for

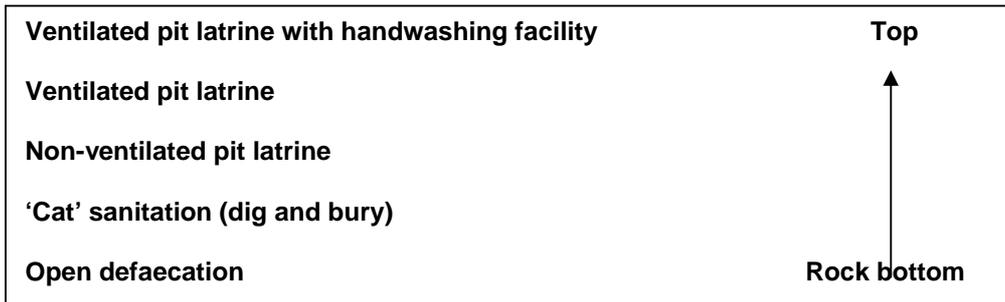
community action to achieve ODF. Samuel Masyoki reports that a key challenge is creating an “institutional culture” requiring “harmonization”, which is dependent on “identifying champions who understand the philosophy behind CLTS” (IIED, 2010: 155).

Masyoki reports that in the Nyanza Province a lack of committed leaders and champions has been identified as a key factor underlying the achievement of only one ODF village, despite 100 facilitators trained and 50 villages Triggered over one and a half years (IIED, 2010: 154). In the Siaya District, Bondo, although 21 villages Triggered in one sub-location achieved ODF within 8 months, 10 that were Triggered at the same time did not make progress. He puts this down to the discovery that neither NGO nor government staff kept track or followed up on challenges arising. In addition, allowances were expected from assignments given due to precedence in a different programme. This failure was also based on an assumption that government would see the value of CLTS for their work and pointed to the need to take enough time to identify institutional champions, both within the NGO and district government department (IIED, 2010: 154).

Working with chiefs and youth to build on successes in the face of similar failures to get government officers to collaborate with communities has however led to attracting the participation of the Ministry of Public Health and Sanitation at their headquarters. In this respect ODF celebrations continue to play an important role in entire provinces. Musyoki has pointed out that particularly where capacity of NGOs is limited, there is a need to use “different entry points with multiple players”, such as staff from other line departments, local administration, chiefs and village elders, community health workers, youth and children to spread and follow up on Triggering (IIED, 2010: 155).

After many daunting years of work in constructing subsidized latrines, the achievement of 200 ODF villages in a relative short period along with “as of May 2010, nearly 400 have been triggered across the country” has led to recognition and increased demand by the Ministry of Public Health and Sanitation (IIED, 2010: 23). Nevertheless, it is monitoring, evaluation and simple documentation that remain a challenge. Setting up support structures at national and district levels, and designating staff and resources for these functions as well as building strategic partnerships are seen as the key to not “leaving things to chance but to committed institutions” (IIED, 2010: 156).

Zimbabwe first piloted CLTS in 2008 during devastating cholera outbreaks and a severe economic crisis. Partly due to the dramatic decreases in development and subsidy assistance, district and community levels embraced the CLTS approach. In Zimbabwe, promoting simple pit latrines as an acceptable option in this context located Non-ventilated pit latrines in a *Sanitation Ladder* as a desirable improvement on open defaecation (See Figure...below).



**Figure 2: The Sanitation Ladder model\* for rural communities in Zimbabwe**

Source: Samuel Rukini in *Challenging Mindsets: CLTS and government policy in Zimbabwe*(IIED,2010)

Innovations for disposing of faeces will accord with each household's capacity and resources, where efficient VIP systems are higher up the ladder than the simplest pits, which are in turn a higher level of sanitation than what has been termed the "Cat" method, which is a rung up from open defaecation. Although progress continues after seeing ODF results, institutional barriers remain the key challenge (IIED, 2010: 142- 144) in this region neighbouring South Africa.

In Zimbabwe, much difficulty is experienced in resistance at national government levels where "policies, institutional capacity and uncoordinated approaches to sanitation" remain a major obstacle (IIED, 2001). Samuel Rakuni reports that the common problem suffered by most basic sanitation programmes, of "confusion over responsibilities" requires that Zimbabwe's government, "as custodians and primary duty bearers for scaling up good sanitation for all", clarify the lead agency for sanitation. He also suggests that organisations that empower rural communities to improve their sanitation, should not be deterred by "institutional barriers" (IIED, 2010: 147).

Despite similar obstacles, the Zambian experience has reportedly left failures of sanitation promotion with subsidies behind, with an increase of 67% coverage (from 33%) by using CLTS since changing to a zero subsidy approach in 2007. Introduced into one area initially, in the Choma District, the government now plans to scale up the CLTS Programme throughout Zambia. Zulu, Harvey and Mukhosha suggest in their joint article (IIED, 2010: 131) that "multi-sectoralism and leadership are critical for sustainable CLTS success" Identifying local champions and involving elected and traditional leaders as well as leadership at all levels has been essential. They also suggest use of the media as a key strategy for regional and countrywide wide sharing of the experience of successes has promoted the involvement of all stakeholders (IIED, 2010:139).

Drawing from these realities, opportunities, challenges and lessons regarding management, organizational and mindset changes and scaling up, issues have been raised and discussed in published articles and continue to be discussed through various networks. South Africa is the most recent participant in linking to networks and in particular Africa-based discussions.

Relevant African experience of some of the perverse incentives that are pertinent to the South African pilot study may affect different levels of stakeholders, who may behave in counter-productive ways. Anticipation of responses that are likely to arise in South Africa includes:

- Leaders who lack commitment may convey that benefits will be provided in order to influence support for their leadership;
- Payment for facilitators or stipends for volunteers who will then not work without pay;
- Facilitators, volunteers or employed officials who convey that benefits will be provided in order to manipulate progress;
- Gossips, who spread rumours of benefits coming in order to create pressure to deliver.

The readings of reflections of African experiences do confirm that a case study approach is appropriate to the pilot study which can accommodate variable situations across the South African sanitation landscape. As *Urban CLTS* has been initiated in African cities, prompted by both the need in urban informal settlements and encouraged by successful applications in Kenya, one urban informal settlement case study is suggested for the pilot study.

### 3. Why adapt CLTS in South Africa?

At least 2 million young children continue to die from diarrheal diseases every year. Since the Millennium Development Goals (MDGs) were agreed to by many nations' more than 3 billion people worldwide still do not have access to basic sanitation. The reality is that basic sanitation provision has proven an enormous challenge to governments' worldwide, and greater investment in water infrastructure dominates. Generally, contributing factors are that governments fail to keep up with the pace of population growth, poor prioritization in development programmes and neglect of sanitation issues associated with the poverty of people living in backlog areas (de Bruijne et. al, 2007).

In the year 2000 South Africa signed the MDG agreement aiming to halve the proportion of people without sustainable access to basic sanitation and is amongst many countries aiming to provide services to the poorest sectors of society by eradicating their basic sanitation backlog. According to the 2010 MDG country report, South Africa had reached their statistical target as of March 2009 (SERI, 2011).

Projected statistics had indicated that despite vast investments and associated efforts, at the rate that sanitation delivery progresses, only 66.3% of rural and 79.4% of urban households would have access to basic sanitation by 2015 (Winter et al., 2008). In reality, the country's 2010 targets were shifted forward to 2014, which are nevertheless considered ambitious. Although approximately 77% of South Africans have reportedly gained access to sanitation according to the 2010 General household survey (SERI, 2011), backlogs that have serious health impacts are not evenly spread across the population nor confined to specific areas.

The original Basic Household Sanitation Policy (2001) focused on "providing adequate sanitation for households, improving households' waste collection and disposal, and educating the public about hygiene" (DWA, 2001). Community hygiene was recognized as a fundamental factor for achieving sustainable of sanitation. Policy intentions were developmental and promoted community-based approaches to enable communities to sustain sanitation with support from their local government. Sanitation policy was aligned with other policies aiming to reduce or alleviate poverty, in stating that:

- everyone is entitled to safe and adequate sanitation;
- sanitation must respond to the demands of communities and should be linked to improved hygiene awareness;
- appropriate participation by all stakeholders is fundamental.

Legislation, national policies and provincial alignment forged the backdrop to ongoing intentions for a developmental local government approach to basic sanitation services provision. Institutional arrangements, policy frameworks and regulations are, however, again under review since April 2011, apparently to accommodate issues that have not been sufficiently clear before.

Early in the construction of basic sanitation programmes, implementation models translated policy guidelines for facilitating community participation into setting up Project Steering Committees with voluntary

community representatives, a choice between two demonstration models of toilets and community contributions in the form of collective banking or cheap labour, most often utilised for digging pits. Each of these core components have altered over time.

South Africa at this time presents a context of state sponsored subsidies with high expectations of services delivery, while local municipalities rely on outsourcing to professionals for delivery purposes. Increasing costs to the state cannot be disassociated from the increasing expense of outsourcing to private sector companies to manage delivery programmes. Project delivery devolves to sub-contractors before any benefit is provided to communities by the state.

In this new political era, toilets have become potent symbols of human dignity and equal rights. It is also important to acknowledge that in many municipalities, knowledge of sanitation policy is weak or non-existent. Hence most programmes are based on civil engineering standards and specifications, which are not always appropriate to community needs and capabilities (Zuma, 2011). One example is that specifications seldom take into consideration whether children can access toilets or handwashing facilities, which has a major impact of community sanitation.

It is evident that a "Demand Driven Approach to Service Delivery" was consistently promoted conceptually in policies and strategic guidelines (DWA 2001, DWA 2003). However, actively speeding up delivery through current interpretations, including the *Accelerated Sanitation Roll-out Programme*, predominantly invests in infrastructure rather than in people. In practice many projects have failed for lack of proper use of the infrastructure provided, despite the associated 'Health & Hygiene Awareness' attached to delivery. Subsidized hygiene education is attached to toilet construction, both of which are outsourced to private sector contractors. Therein lies a contradiction, which is further discussed in this chapter.

### **3.1 Challenges to provision of basic sanitation**

An important question in sanitation sector discussions is whether alternative implementation mechanisms might improve delivery of sustainable sanitation *across all levels of services*. At this time all stakeholders appear to agree that new approaches are necessary and are willing to re-examine previous guidelines to this end.

Inappropriate educational approaches to Health & Hygiene Awareness with a dominant mode of didactic teaching bypasses the significant potential of mobilizing community responsibility. On issues surrounding current modes of Health & Hygiene Awareness by external service provider, questions that arise for South African sanitation practitioners are:

- Are we investing in infrastructure rather than people?
- Do community decisions, actions and innovations count in our approach?
- Is collective action to prevent contamination and disease transmission supported?

However, the recent draft sanitation policy review document (Version 3, 2011) laid greater emphasis on services delivery than previous policy guidelines, drawing largely on the *Strategic Framework for Sanitation Services Delivery* (2003) rather than the ground-breaking 2001 Household Sanitation Policy. Another aspect that must be discussed in more detail is the question of whether household subsidies pre-suppose that communities are helpless.

The review of policy related literature pointed to current challenges facing the country's endeavour to provide access to basic sanitation for all citizens as:

- ***Prioritization of household subsidies*** uses a financial benchmark of monthly expenditure which leads to assumptions about household capability. Households experiencing insecurity and powerlessness may be left unsupported just as those with more resources may benefit.
- ***Financial constraints to delivery*** are consistently blamed for failure of national and municipal government clear the sanitation backlog as mandated. Insufficient finance is still held to be a key cause, despite vastly increased budgets.
- ***Unsustainable sanitation services*** is largely viewed as resulting from a lack of, or insufficient, community involvement which is in turn linked to:
  - A lack of Institutional co-operation amongst sanitation stakeholders;
  - Unclear definition of roles and responsibilities of all the stakeholders;
  - Ineffective operation and maintenance exacerbated by a lack of O&M guidelines in approximately 70% of the municipalities and a shortage of required skills.

In terms of sustainable sanitation, monitoring and evaluation is still largely limited to the counting latrines without sufficient consideration of local responsibilities and behaviours of users *after* delivery. Each of these challenges is expanded on below.

- ***Prioritization of household subsidies***

In South Africa, a *Free Basic Sanitation Implementation Strategy* of 2009 sets out to benefit poor households as primary beneficiaries. According to the national benchmark, "the poor" are technically defined as those households with an expenditure of less than R1100 per month (SERI, 2011). From the outset 'the community', which is a dynamic "binding field of durable relationships", is "rendered technical" (Murray Li, 2007:233) by classifying individual households. Such technical measurement reduces bonds of values and meanings of micro-cultures (Murray Li, 2007) into a vehicle for the delivery of services.

Basic poverty literature also highlights the inadequacy of expenditure benchmarks for targeting beneficiaries, as other household capabilities and vulnerabilities are excluded from this technical measure. The only measurement considered in this case is money, which screens out community capabilities and social realities that are entirely relevant to achieving sanitation. Classifying individual households in this way strategically re-imagines communities of concern (Murray Li, 2007:235) into manageable targets for

replicable programmes of improvement, so that security and power relations, vulnerabilities and resilience, complex social relations and forces, do not figure (Maxwell, 1999).

Sanitation policy limits itself to technical classifications, whereas there are many different indicators of support needs on the one hand, and resourcefulness on the other, apart from purely financial constraints (Maxwell, 1999). The monetary approach undermines cognisance that communities have other resources to effectively meet their basic needs and that individuals may engage on an equal footing in their societies and within their own means.

Constraints to sanitation delivery include targeting of the subsidy to individual households that are defined as the poorest. However, comparisons between Urban and Rural levels of risk contribute to competing priorities when it comes to budget allocations (SERI 2011). Policies emphasizing that capability is solely dependent on financial aid discourages the space for community innovation and encourages government dependency.

- **Financial constraints**

Studies over the decade have confirmed that without significant increases in investment, existing backlogs will not be eradicated in South Africa (DWA, 2001; DWA, 2003; Winter et.al, 2008; SERI, 2011). Financially, the provision of basic sanitation continues to strain the national budget. In the 2008/2009 financial year, national government decided to increase the sanitation budget from approximately R700 Million to R2 Billion to try wiping out the backlog by 2010.

On the other hand, regional and municipal governance continue to claim that increased budgets remain inadequate. The case study example of these claims is that the Amatole District Municipality's (ADM) requires a R1.2 billion budget for eradicating their sanitation backlog (see details in Appendix 1.1), whereas the countrywide budget is R1.2 billion (according to Eastern Cape Province Human Settlements staff).

The ADM reported that they have managed to serve approximately 65,000 households (almost 30%) with safe and adequate sanitation, while the remaining approximately 188,000 households are still to be served. ADM confirmed (see Appendix 1.1) that although they can get some sanitation funds from the Municipal Infrastructure Grant (MIG) this still does not solve their basic sanitation problem as the fund administration is complex for municipalities (SERI, 2011). Since cancelling the original Supplier bid in 2007, it took 4 years for ADM to access funds, complete re-bidding and adjudication processes, register for MIG funds which are only partially approved.

The effect of limited financial resources is greater on rural municipalities' sanitation delivery compared to the urban municipalities as rural settlements are scattered and sparsely populated. Hence the prioritization of urban municipalities as they are densely populated, therefore constituting a higher risk of sanitation hazards. However, the rising expense of the household subsidy requires some critical examination. Currently, reports that Direct and Indirect costs can be estimated based on calculation against households to be served as follows:

- *Mhlozi Phase 2*: 3,984 hh total costs calculate down to R4,515,82 per VIP
- *Gatyana Phase 2*: 2,359 hh total costs calculate down to R4,548.77 per VIP
- *Mbashe Phase 1a*: 7,715 hh sub total of R 2,893,125.00 for Social Facilitation and Community Mobilisation @ R375 per hh

The challenges discussed above are closely interlinked to the state of governance in the country. Sustainability of sanitation services is highly dependent on tiers of governance, from national to local government. On the other hand the cost of delivery of VIP structure by external contractors is too expensive.

- **Unsustainable sanitation delivery**

In South Africa, like many other countries, sanitation provision originally focused on the supply side of toilet construction without adequately considering hygiene education and community mobilization. This approach resulted in compromising sustainability of basic sanitation infrastructure already provided, as well as increased faecal-borne infections (Mjoli, 2010) despite access to toilets.

Most sanitation experts internationally concur that the best approach to sustainable sanitation requires special skills for sanitation promotion at a community level. However, in South Africa one encounters failures to achieve sanitation where there is insufficient community participation and well defined community responsibilities (Mjoli, 2010). As a result, dysfunctional or poorly used facilities in disrepair have become a familiar part of the sanitation landscape.

The established South African approach invests in educating people through 'Health & Hygiene Awareness' components of a supply driven approach. The dominant interpretation of this most important community participation factor in sanitation policy is the education of ignorant people, which has shadowed subsidized toilet construction projects. This approach however has not proven adequate enough to overcome the predominant lack of ownership of facilities by recipients.

Interviews with both the provincial sanitation stakeholders in the Eastern Cape emphasized that the biggest challenge is lack of community ownership of subsidized, basic, on-site facilities by the householders (refer to Appendix 1B for more detailed data). It was explained that basic cleaning of the facilities by the communities is non-existent in many households because people do not care enough about these facilities.

On the other hand, Operation & Maintenance (O&M) challenges have loomed large for municipalities after providing toilets. Pit emptying backlogs have led to poorer service levels, higher O&M costs, faster deterioration and increasing user dissatisfaction (Lagardien et.al, 2005). One explanation is that District Municipalities with higher percentages of rural areas have difficulties in developing effective O&M practices as villages in a single municipality are often spread out over a large geographic area (Zuma, 2011), raising maintenance costs.

O&M problems are thus connected to the shortage of resources along with capacity-related complications due to the amalgamation of former white and black municipalities. Another drawback in O&M systems is often linked to a lack of in-house guidelines, a lack of planning for O&M and poorly managed monitoring and evaluation of the implementation of the South African Sanitation Policy (Lagardien et al., 2009).

### **3.2. Institutional arrangements and community responsibility for achieving sanitation**

After the socio-economic fragmentation that was caused by the apartheid regime, it was necessary for the South African government to create new institutional arrangements with the capability to implement policies for transformation and sustainable development across the country. An institutional framework, clarified in the National Sanitation Policy, specifically emphasizes the development outcomes of the institution.

There is no finite, overall accepted definition of the term "institution" in social sciences discourse. In general, institution has been defined as "the constraints that human beings impose on themselves" (Jutting, 2003) as a structure or a framework within which human interactions occur. Other scholars have included organizational entities, procedural devices, and regulatory frameworks in their definitions of institution (Williamson, 2000).

The South African sanitation environment, applies "institution" in a broader sense of definition. It draws its basis from has Institution in this context is determined by the impact they display, the roles, responsibilities and co-ordination. The defining characteristics of the sanitation-related institution framework are clear identification of its functions and composition. Responsibilities are inter-institutional, and include emergent committees, organizations and forums.

According to Jutting's definitions (2003), sanitation institutions are made up of both "formal constraints, written rules and the typically unwritten codes of conduct that underlie and supplement formal rules". Informal rules are developed in such a way as to co-ordinate repeated human interaction.

- extensions, elaborations, and modifications of formal rules;
- socially sanctioned norms of behaviour (customs, taboos and traditions);
- Internally enforced standards of conduct.

Jutting (2003)

The formal rules and constraints include:

- constitutions and laws,
- charters,
- bylaws,
- statute and common law,
- regulations;
- enforcement characteristics (sanctions, etc.).

Jutting (2003)

In the South African Sanitation policy, the institution classification approach that is applicable and has the potential of determining development outcomes is the “degree of formality” of the institution. Government institutions are commissioned to facilitate effective and efficient co-operation on all issues related to sanitation. In so doing they aim to fulfil the constitutional responsibility that “all spheres of government and all organs of state within each sphere must secure the wellbeing of the people of the republic”.

Chapter 3 of the South African Constitution states that three “spheres of government which are distinctive, interdependent and interrelated” (Constitution of the Republic of SA, 1996) are:

- Local government (Municipalities),
- Provincial Government,
- National Government.

Another constitutional principle of co-operative governance is entrenched in the Intergovernmental Relations Framework Act of 2005. This framework was publicized to promote and facilitate intergovernmental relations and mandated all relevant spheres of government and organs of state to be involved in the sanitation sector. Institutional arrangements between spheres of government to co-operate for the promotion and provision of sanitation to communities in a sustainable manner, is guided to create the opportunity for local government to:

- provide services in a sustainable manner,
- promote social and economic development,
- promote safe and healthy environment,
- encourage the involvement of communities and community organisation in matters of local government.

The relationship between local authorities and provincial departments contributes factors that hinder adequate service delivery, such as:

- Decentralization is emergent so that local government is usually not willing to decentralize resources as compared to the provincial government;
- Ongoing confusion regarding service delivery roles and responsibilities;
- Inadequate incentive for provincial government to participate in Municipal level integrated planning.

(Goldman and Reynolds, 2008)

Relations between these two spheres are affected by the political arena from which leadership emerges. Politics does not always result in good relations between tiers of government, as well as between public service institutions and the communities they serve. Political parties and individual career paths may often hinder municipal service delivery.

Politicians often seek support from less fortunate populations in their electorate by making promises of service delivery in their campaigns for votes. However after elections, poor community consultation about issues such as policy and legislative reviews is often undermined. Poor leadership skills, both political and

technical, usually result in lack of policy coherence. Multiple reporting demands often result in poor service delivery.

People living below poverty line with an impoverished economic base find the majority dependent on social grants and other basic services for survival. Regardless of rural settlements being classified as “safe” (Goldman and Reynolds, 2008) with lower costs and caring social systems, communities are far from safe from water borne and faecal related diseases, one of the biggest killers of children worldwide.

Especially due to weak relations between traditional leaders and the municipal structures there is often tension when it comes to the targeting of basic sanitation to the poorest households because chiefs and headmen are not often included in municipal planning processes. In many cases traditional authorities are elders who do not necessarily understand terms used in sanitation policy or implications of some decisions coming out of inclusive reviews.

Inadequate institutional integration between mandated municipalities, traditional authorities and rural communities results in, for example, inadequate input from local knowledge and experience. An example of poor communication between the traditional authorities was experienced in the case study whereby the headmen and chiefs were not aware of delivery of sanitation facilities in selected and neighbouring villages (see Appendix 6 for detailed data).

In addition to traditional leadership not being adequately involved, community members are often excluded from comprehensive discussion about the implications of the specific implementation of policy principles in their daily lives (refer to Appendix 1B).

Although the constitutional responsibilities of municipalities in the institutional framework of national sanitation policy, state that, “a municipal council is responsible for promoting a safe and healthy environment and ensuring the provision of services to communities in a sustainable manner”, this responsibility does not specify which type (B or C) municipalities carries this mandate. Analysis has led to a plea for intervention due to, “Functional overreach and complexity are forcing many municipalities into distress mode, exacerbated by the poor leadership and support from the other spheres of government and from stakeholders” (COGTA, 2009: 33).

Relationships between District and Local Municipalities are often problematic where the division of roles and responsibilities between the two types of municipalities is inadequately defined,. Although legislation dictates that District Municipalities are to provide support to Local Municipalities they often continue with their agendas without consulting the District Municipalities when they have greater capacity and resources. In some cases the two municipalities compete for available resources.

Nevertheless, a municipality has the right to exercise any power concerning a matter reasonably necessary for, or incidental to the effective performance of its functions. This gives an opportunity for the municipality to promote community initiatives within municipal programmes.

This flexibility might be able to assist the municipality to reach their service delivery targets within their own budget and administrative capacity which is fully supported in Section 151 of the constitution which allows the municipality to govern its own initiatives.

### **3.3 Opportunities for community-based approaches**

The National Sanitation Policy emphasized that “improvement of sanitation is everybody’s business and must not be seen as a government programme”. It highlighted that first and foremost, householders and communities are the most essential role players towards the sanitation improvement and that:

- Sanitation must respond to the demands of communities and is linked to improved health and hygiene awareness;
- Everyone is entitled to access to safe and adequate sanitation.

International experience of subsidized sanitation programmes has shown that supply driven sanitation delivery approaches led to unsustainable sanitation services because they focused on toilet construction without considering hygiene education, community mobilization and meeting sanitation demands of the beneficiary communities (Lagardien et.al, 2009). It is emphasized that in developing countries like South Africa, more attention should be paid to ‘soft issues’ such as community empowerment, sanitation promotion, health education, and financial assistance to the households (SA Sanitation Policy review, Version 3, 2011).

The Basic Household Sanitation Policy of 2001 and the Strategic Framework for Water and Sanitation Services (DWA, 2003) as well as municipal sanitation guidelines emphasize that community participation is an opportunity to improve developmental governance. As community members are aware of the specific challenges that people face, as well as their capacities and resource base, their insight provides an opportunity for improved decision making. Community involvement is intended to strengthen transparency and accountability both systematically and financially.

Over the years South Africa has experienced a movement of local protests about poor service delivery. Amongst many other issues that underpin service delivery protests is a sense of injustice arising from the realities of persistent inequalities. Although protests in a democratic country is an indication that the citizens have rights to engage with the state, it is also a sign of poor political and technical leadership, linked to a lack of policy coherence and multiple reporting demands (COGTA, 2009)..

Election campaign periods have also allowed political parties to interfere with the schedule of the municipalities to achieve their political mandate. Municipalities bear the consequences of service delivery protests and strikes, thereafter often driven by the media to work according to their expectations and not that of their own framework.

The integration and co-ordination of both formal and informal institutions could enable opportunities for communities to take initiative as an alternative to passively awaiting or demanding sanitation provision. “Holism” is a principle embedded in an approach to all aspects of community development, both in analysis

and in practice (Ife, 2002). In terms of analysis, this principle explores the concept that everything is related to everything. It is for this reason that a broad perspective in understanding particular community issues or problems is beneficial.

Community involvement and policy modification to motivate “demand-driven” approaches have the potential to reduce municipal financial burdens considerably. The opportunity for financial relief may be translated through a community demand-driven approach since;

- people would have gained a sense of ownership before they receive toilet subsidies;
- people will fix their latrines when they malfunction instead of waiting for government;
- Improper use, lack of daily care and vandalism will be reduced;
- Money will be saved from the maintenance budget of local authorities which could be translated to other urgent needs.
- Communities adopt health and hygiene practices based on their own decisions.

Brikké (2002) emphasizes that as much as financial resources are crucial, a caring human resource is priceless. He explained that when people value something as their own, they are more likely to follow up closely to ensure that preventative measures; pre-scheduled inspection. As a result, repairs and replacements are well in place compared to when infrastructure belongs to the municipality or state.

An integrated solution to such issues requires the principle of valuing local knowledge. People in both rich and poor countries rely on informal institutions, relatively more important in poor countries like South Africa where formal institutions are less developed, to facilitate transactions. In the South African Sanitation context, civil society and local organisations are of great importance.

Consideration of definitions of ‘community’ are that it is, “not primarily a geographical space, social space, sociological space” but rather, “a space of moral relationships through which individual identities are constructed through their bonds to micro cultures of values and meanings” (Murray Li, 2000: 233). Knowledge, experience and expertise of community members has long been promoted should be identified, assessed and validated rather than being subordinated (Ife, 2002). External knowledge should always be the last resort in each programme that enrolls a specific community.

## 4. Piloting CLTS: Case Study rural Eastern Cape

Starting with one small case study area that has been stuck with a basic services backlog for an extended period was aligned to adapting the CLTS approach within a constrained municipal environment as a learning opportunity. The selected case study area's inhabitants have lived for a century and a half in the former Transkei homelands. Until quite recently this area was relatively untouched by waves of social change (Holt, 1969:225 in Ntsebeza, 1999: 73) with minimal impact from urbanization. According to sociological studies, the main carrier of change in this area has been migrant labour for livelihoods, which has had a greater effect on communities than education and Christianity combined (Ntsebeza, 1999: 73).

Located within the Eastern Cape Province, selected case study villages fall within the Amathole District Municipality (ADM) area. ADM stretches from the Indian Ocean coastline in the south, to the Amatole Mountains in the North and has large disparities within its borders as it includes both the city of East London and large parts of former Ciskei and Transkei homelands.



***Figure 3 :Rural villages on the edges of within ADM and Mbashe Local Municipality***

Technically, ADM's population makes up to 25.5% of the provincial population of the Eastern Cape, with a majority of 43.5% in the Buffalo City Local Municipality. Case study villages are located in the Mbashe Local Municipality (LM) administration, which constitutes 16.1% of the total ADM population. As of 2009, the population density in ADM was 69.3 people per sq. km. while in Mbashe it was 86.1 people per sq. km.

ADM was declared a Water Services Authority (WSA) in terms of the powers and functions devolved by the Local Government Municipal Structures Act 117 of 1998. As a WSA and Water Services Provider (WSP) supporting 7 Local Municipalities (LMs) it became responsible for planning water services in its area of jurisdiction as from 1<sup>st</sup> July 2003, with a focus on ensuring a basic minimum level of service to all communities in the 7 local municipalities.

ADM accounts for 28.6% of the provincial RDP sanitation backlog. The *Community Survey of 2007* indicated that Mbhashe LM has the lowest RDP sanitation service levels in the district with the largest RDP sanitation backlog of 75.4%. This accounts for 37.2% of the district backlog and 10.6% of the provincial backlog. Only 24.5 % of the households have access to sanitation.

Mbhashe LM and Ngqushwa LM experience the highest poverty levels in the district. Common health problems associated with overcrowding, illiteracy and poor resistance to disease, are linked to poor income. Many household incomes derive from state social grants with the child support grant being by far the most common (18.8 %) kind of support received. Unemployment, inequality and poverty underpin the major economic challenges of the district. As other Local Municipalities in the district have acceptable RDP sanitation service level with access to at least basic sanitation for more than half of the households in these municipalities,

**Table 3: Service levels for the core function-sanitation (Source Community Survey, 2007)**

<b>MBD Name</b>	<b>Municipality</b>	<b>RDP sanitation levels (actual number of h/h)</b>	<b>RDP sanitation levels (%)</b>	<b>RDP sanitation backlog (%)</b>	<b>RDP sanit. backlog % of district</b>	<b>RDP sanit. backlog % province</b>
DC 12	Amatole DM	337705	73.6	26.3	100	28.6
EC121	Mbhashe LM	14685	24.5	75.4	37.2	10.6

Along with sanitation backlogs, education, reproductive health, youth development and poverty alleviation are noted as key challenges for government, where:

- high levels of poverty dominate in a district that contains former homelands where minimal development has taken place over a number of years;
- a limited production base in the area makes the public sector services a dominant employer in the region's economy;
- unemployment is high and 50% of households live well below the "bread line".

ADM has established the *Accelerated Sanitation Program* (ASAP). ASAP is earmarked to fast track sanitation service delivery in the district's rural areas.

#### **4.1 Pre-Triggering preparations**

Rural villages in the selected case study area are located near to the border between Amatole and OR Tambo municipal boundaries. Initial investigation revealed uncertainty about whether the first case study area was situated ADM or the OR Tambo DM. It was confirmed that villages selected as most favourable case study conditions for the CLTS approach fell within the Mbhashe Local Municipality.

Subsequently, more detail regarding particular Wards and Villages in respect of ADM's roll-out planning was shared in efforts to align potential benefits for both communities and contributing to the public service provision mandate.

Pre-Triggering field visits identified a number of relatively isolated villages in the Mncwasa West area as most favourable for adapting the CLTS approach. Located along the Mncwasa River, these villages were relatively isolated from towns and development infrastructure such as clinics, hospitals, and other essential services.

#### 4.1.1 Support Organisation

A call was put out to various development organizations that were positioned and motivated to collaborate in the first case study, including Operation Hunger, Africa Ahead and Khanya. Propositions for specific case study villages without sanitation services or expectations of service delivery in the near future were requested from organizations that were deemed appropriate. A tradition of participatory practice and belief in community capacity, as well as actual working relationships with proposed case study communities suggested that NGOs may provide appropriate support to community sanitation initiatives in the first CLTS case study. Specific criteria were:

- long term and committed community relationships
- a field practitioner presence
- experience and skills in participatory methods

Rural Support Service (RSS), an NGO based in East London that has a long history of working with rural communities in the Eastern Cape, responded immediately to the call. Following their submission of sanitation profiles for possible case study communities and verifying their presence in the area of those suggested confirmed their selection for this role. In addition, RSS reported a good working relationship with officials of both Amathole and O.R. Tambo District Municipalities as well as the Chiefs and Headmen of proposed villages situated in both districts. An initial submission of sanitation profiles of case study villages that were favourable for CLTS applications was revised after discussions of indicators with RSS's ISD Manager. Subsequently it was verified that their practitioner base was adequate for providing the kind of follow up support to communities that is described in existing guidelines and handbooks. An organisational profile and further consultation with the ISD Manager indicated that field practitioner personnel had sufficient experience in sanitation projects and in practicing participatory methodologies, including PRA and PHAST (see Appendix 1 C).

The support role described from CLTS literature informed the conceptualization of three Missions and a Quality Assurance system (see Appendix 1 C for details) to provide formative oversight of the support function in the case study. After an initial meeting to clarify the details of expectations of progress reporting from the case study perspective and deliverables associated with a CLTS support role, RSS arranged and hosted the first field visit to suggested villages.

Prior to the field visit it was emphasized that introductions should make no reference to toilets to avoid creating expectations of toilet delivery. A standard introduction was agreed by the visiting team to explain the initial field visit. It was imperative that observation moments in a context of subsidy expectations made no reference to sanitation, given the direct association of this concept with toilets. The team was instructed

to describe its interest in potentially returning to further explore various conditions and behaviours related to contamination of water sources.

This field visit included being introduced by RSS to “the chief of the area”, Chief Amos Zungezane, who in turn introduced the team to local headmen of the villages he took us to. The Chief and other headmen we met in villages visited showed keen interest in our initial investigation and encouraged a return visit to further pursue “some of the problems” we observed on our rapid walks. Indications were that the chief was interested in potential follow-up visits and undertook to organize these for the week of the 22<sup>nd</sup> August. RSS undertook to work closely with traditional leadership and communities to confirm arrangements and to provide follow-up support as necessary. Details of village selection are presented in Appendix 2 A.

#### 4.1.2 Selection of favourable Villages for CLTS

Favourable indicators for the CLTS approach were drawn from the literature to select the first case study villages. An important adaptation for Pre-Triggering preparations was to compile indicators into a Ranking Tool, which was field-tested for selecting villages for the case study. Initial indicators were subsequently refined for further use in a South African context.

Zikolokhoto was the first of the sub-villages visited in the Mcwasa area of Mbathe Municipality. It was confirmed that a tar road recently formed a new boundary between O.R. Tambo and Amathole District Municipalities. Re-demarcation had led to a misunderstanding of a contractor beginning toilet delivery, and then being halted due to implementation “in the wrong District”. Led by a Chief (Amos Zunguzane), three teams were formed from CWSS and RSS staff to walk in different directions across the village, using the Ranking Tool to record observations. This example of using the Ranking Tool to guide village selection is shown in the table below.

**Table 4: Example of Ranking Tool used to select Zikholokota Village: Score of 38**

<b>FAVORABLE INDICATORS</b>	<b>Score</b>	<b>REASONS FOR SCORE</b>
<b>General</b>	<b>Score: 5</b>	
Isolated rural settlement.	2	<i>Although near main road, no apparent services and distant from commerce</i>
Culturally homogeneous.	1	<i>Traditional cooperative Xhosa tradition</i>
Favourable community size of between 20-100 h/h.	1	<i>+ 50 h/h in the village</i>
Where there has been no programme of hardware subsidies and none is proposed.	1	<i>Decaying pit liners in a headman's yard – but no project expected.</i>
<b>Organizational</b>	<b>Score: 6</b>	
Where there is provision for follow up encouragement and support after triggering.	2	<i>RSS (NGO) appears to be committed – to be confirmed.</i>
Where finding and supporting natural leaders who can spread CLTS laterally is a priority.	1	<i>Cooperative mode of government &amp; decision making established.</i>
Field Practitioners are well trained, and have appropriate attitudes and behaviours.	2	<i>To be tested – unknown as yet</i>
Where CLTS facilitators are strongly motivated, and are flexibly supported by their organizations.	1	<i>Enthusiastic- to be supported by RSS.</i>
<b>Current Conditions and Practices</b>	<b>Score: 7</b>	
High incidence of diarrheal disease and child mortality.	1	<i>People confirmed that children affected.</i>
Vested interest in avoiding contamination of water due to a high incidence of waterborne disease.	2	<i>Water is far and scarce, downstream &amp; muddy dam.</i>
Where defaecation is constrained by lack of privacy.	2	<i>Long grassy hillside provides privacy.</i>
Where it is easy for people to see and analyse, the links between their defaecation habits and ingestion of faeces.	1	<i>Visible faeces and cleaning materials is linked to children's illness.</i>
Where during rains or the night people defaecate nearby.	1	<i>Easy to get into long grass nearby.</i>
<b>Physical Conditions</b>	<b>Score: 13</b>	
Lack of cover in surrounding area – lack of privacy.	3	<i>Long grass provides cover.</i>
Wet, moist and/or visibly filthy and disgusting conditions where faecal contamination is offensive	2	<i>Open Defaecation is clearly visible, but well known.</i>
Settlement patterns provide adequate space for latrines.	1	<i>Homes spread, with plenty space</i>
Shrinking space for open defaecation due to construction of roads, buildings, densification, etc.	1	<i>Increasing because of many children growing up and returning.</i>
Significant tree and bush cover, even in the dry season	1	<i>Not many trees- much long grass</i>
Safer water sources are restricted or inaccessible, therefore unsafe sources are often used.	1	<i>River is far – muddy dam is used.</i>
Faeces clearly moves down slopes into water sources.	1	<i>Downstream movement – slopes to river</i>
Soil is stable, easy to dig. Water won't be polluted.	2	<i>Stable with rocks – can be removed</i>
Water suppliers unprotected, easily contaminated.	1	<i>Muddy springs used for drinking water.</i>
<b>Social and Cultural conditions</b>	<b>Score: 7</b>	
Socially homogeneous community with high cohesion.	1	<i>Established traditions and organization.</i>
Progressive local leadership.	1	<i>Appear to be open and progressive.</i>
A tradition of joint action.	1	<i>Cooperation.</i>
Women have a voice.	2	<i>Are supported but to be tested.</i>
Where latrines and cleanliness give social status.	2	<i>Would be admired but not alter status</i>

A favourable indicator from international experience of CLTS is described as "*Isolated rural village*", which incorporates a lack of access to basic services in the context of expectations in South Africa. An additional indicator in the South African context is communities or neighbourhoods that fall outside current municipal sanitation delivery plans by at least 2 years. The revised indicator for ranking is therefore based on degrees of access to:

- a reticulated water supply
- subsidised toilets
- health services such as clinics and hospitals
- transport and roads networks
- suppliers such as supermarkets and wholesalers.

Although many VIP structures were evident on either side of the main road, a range of four (4) different models of top structures showed weathering over time. Many, but not all, are in disrepair with open doors displaying disuse. Substantive evaluation of structures delivered elsewhere was outside the scope of this research. It was confirmed in open-ended discussions with headmen that subsidised toilets have not been delivered nor is such a programme expected in the target area.

Zikholokoto Village consists of around 50 households (confirmed from a visible count) and scored a total of 38 points which ranked it within the range of indicated favourable conditions for CLTS. This village was considered isolated because it is far from the nearest town of Mqanduli, clinics and hospitals and lacks basic infrastructure and municipal services. Although no subsidised toilets were evident nor expected, according to the chief and headmen, VIP toilets were evident across the road in the O.R. Tambo District Municipal area.

Surrounding most villages are tall grasses close enough to homes to readily hide open defaecation. Bushes that line the Mncwasa River and tributary streams also provide cover for open defaecation, of which there was ample evidence. Rivers and streams are reached by negotiating steep slopes. Unprotected springs provide another source of drinking water for both residents and livestock.

While the field team consciously avoided pre-empting CLTS Triggering activities, people met in the first field visit did spontaneously make use of the kind of language that CLTS literature suggests. The description offered of "*ukunya*" found by the river and springs, and explanations that this causes many of the diseases attacking the community did not appear to cause undue embarrassment or discomfort.

Zikholokota was confirmed as a favourable village, with Magodadeni and 4 other neighbouring sub-villages with similar conditions would be included in further investigations on the return of the visitors. All villages are situated along the Mncwasa River, in Mncwasa West. Traditional governance practices led by chiefs, sub-chiefs and headmen are described by residents as cooperative. Cooperative arrangements and interaction between homesteads appear to be according to sub-villages defining neighbourhoods.

However, despite confirmation of villages with Chief Zungezane and follow up of arrangements by RSS, the study's selection of villages was questioned by a gathering of chiefs and headmen from different villages on the morning of 19 August 2011, en route to making final arrangements for the CLTS Triggering. They wanted to select people for the CLTS Training and also alter pre-selected villages for Triggering. We explained that we had agreed on smaller villages with favourable conditions for the CLTS approach with Chief Amos, whom RSS had confirmed was the Chief of the Mncwasa area. RSS had not indicated any problem regarding this agreement.

Reasons for focusing initial triggering activities, before considering spread where there is progress, were explained Blow-by-blow translation from Xhosa for those holding responsibility for the case study was not forthcoming, which prevented clarity required to enable appropriate decision making. Confusion grew between chiefs and between chiefs and external role players, including RSS, Researchers and the visiting CLTS Trainer, who ultimately assumed authority.

As dynamics appeared to be driven by power play related to anticipation of possible benefits, the Lead Researcher retreated into observation of positions taken to allow negotiations to come to a conclusion as part of the case study experience. Although the CLTS Trainer had advised chiefs that triggering large villages with many sub villages would not be suitable, he nevertheless conceded to re-selection of six large villages spread over a wide area: Zikhlokota, Phuthuma, Zele, Khotyana, Sirhoboxeni, and Mgojweni (all of which contain several sub-villages).

A refined Ranking Tool for further application provides guidance for selecting communities suitable for the CLTS approach in the South African context.

#### 4.1.3 CLTS Seminar and Sanitation stakeholder engagement:

Key role players associated with the rural backlog area selected for first case study were invited to engage with the learning opportunity presented by adapting the CLTS approach in conditions where subsidy expectations dominate. Apart from a general invitation that extended to national and provincial sanitation stakeholders, district and local government were invited to a CLTS Seminar to initiate the study, along with NGOs and CSOs. The seminar was conducted in East London, and as the first case study was located within rural Eastern Cape most participants were from this province.

Stakeholder comments and discussion contributed to identifying potential points of compatibility between community driven sanitation and the current state sponsored approach. In this case Traditional Government contributed to clarifying challenges and opportunities. Questions, concerns and discussion of South African challenges and opportunities are reflected in comments and questions from participants who attended the first CLTS seminar in South Africa.

The Mbashe Local Municipality and councillors of the area in which the case study villages are located were absent as none of those who confirmed actually attended. It may be noted that subsequent RSS attempts to meet with Mbashe municipal officials were not successful.

After researchers presented context of the case study, guest custodians of the CLTS approach provided an international overview (Petra Bongartz from IDS) and highlighted lessons from African experience (Samuel Musyoki from Plan-International, Kenya). Engagement and discussion between stakeholders contributed stakeholder comments, questions and concerns.

The Eastern Cape Department of Human Settlements (DHS) representation responded with pertinent points, italicized as key issues as noted below:

- *Definition of sanitation* is no longer current and needs refining. A new White Paper is reworking a definition of sanitation, to be available in March 2012.
- *“Create Demand” is dropped from the government’s strategy* Concepts present in policies of 2001-2005, i.e.
- *R1.2 billion is allocated for the next 3 years for the whole country.* Sanitation provision under departments of Education (schools) and Health (clinics) are included in that budget.
- *Deviation needs to be justified as PHAST/SARAR trained Health and Hygiene workers* are encompassed by the current legal framework – reports get to Parliament.
- *Toilet subsidies to communities have resulted in less sense of ownership.* Municipalities still to convince some households to use toilets as some used for storage of maize.
- South Africa has fulfilled the MDG requirement to half the sanitation backlog by 2015, however if *CLTS could be utilized as a stepping stone to better hygiene of our people.*

During the seminar Amatole District Municipality (ADM) was requested to explain how their Accelerated Sanitation Programme (ASAP) works. According to ADM, *“Government strategy to eradicate backlog is what we must do”*.

Practical elements of delivery were explained as follows:

- Identify backlog and divide each region into manageable areas.
- Cannot do everywhere in one go due to the limitation of finances – eradicating the backlogs in the district is *dependent on accessing R1.2 billion.*
- Four (4) Service Providers will be appointed to *supply toilets.*
- Preferred technology is a moveable toilet structure for when the pit is full.
- People will dig their pits to contribute labour and demonstrate buy in.
- *A Social Facilitator will compile a baseline, and do the Health & Hygiene part.*
- Contractors will construct toilets and assist people with pits where necessary.
- Mbashe Municipality (location of the case study) is one of the areas identified for the ADM roll-out.

As the first case study falls within ADM’s district, the questions raised by the ADM official responsible for ASAP roll-out programme are highlighted as of direct pertinence to the study:

- ***What will be the outcomes of community interaction?***
- ***How will ADM respond to a new type of idea left with the community?***
- ***How to fit providing a toilet structure with community driven initiatives?***
- ***How is the council going to deal with issue of subsidies while encouraging CLTS at the same time?***
- ***Is the CLTS pilot study going to hinder the Accelerated Sanitation Project (ASAP)?***

Posed by the Eastern Cape DHS participants the questions below confirmed research questions and the relevance of the pilot study:

- ***Can CLTS form part of our building blocks?***
- ***Why are municipalities failing to eradicate the sanitation backlog despite the budget?***
- ***What are they doing wrong?***

Raising questions and concerns in the seminar space initiated immediate linkage between the pilot study opportunity and the ADM's responsibilities for sanitation provision. Initial interactions were subsequently built upon in informal meetings between ADM's roll-out manager (Mr Salie Peck), RSS and project researchers (see Appendix 1 D for details).

Subsequent participation of ADM officials included:

- recruitment of an ADM sanitation officer as a learner facilitator on the CLTS Training,
- ADM's roll-out manager attending the Community Report back (briefly, as called away)
- reporting back on CLTS Triggering and providing Post Triggering updates of progress.

Each QA visit to RSS and the villages was followed by contact with Mr Salie Peck to share information regarding the unfolding CLTS experience and discuss sanitation delivery in the case study area.

However, ongoing attempts by ADM's ASAP Manager to convene relevant senior decision makers within ADM for a presentation of the study and progressive findings were postponed during 2011. The aim of meeting with senior officials was to clarify potential benefits of the CLTS approach, both to ADM and the target communities, and to explore points of alignment between community-driven projects and ADM's planned roll-out programme.

Provincial and Municipal stakeholders in the Eastern Cape were further engaged in focus group interviews conducted on 23<sup>rd</sup> and 24<sup>th</sup> January (see Appendix 1 B for details) to inform further understanding and discussion of institutional conditions surrounding the municipality environment.

In an exchange on 27<sup>th</sup> January 2012, Mr Salie Peck expressed satisfaction with reported progress and challenges, responding with the assurance that "people must go ahead with pit latrines as it will not affect our planned delivery to them". The principle researcher was asked by to compile a brief motivation to mobilize the yet to be realized meeting with senior ADM officials identified by Mr Peck, based on the case study outcomes.

## 4.2 Training CLTS Facilitators in South Africa

The first CLTS Training in South Africa was conducted over 5 days: between 21<sup>st</sup> to 26<sup>th</sup> August, 2011. Mr Samuel Musyoki (Plan-International, Kenya) an experienced CLTS practitioner and trainer, and Petra Bongartz (IDS) who facilitates global sharing of experience and resources, provided support and guidance for both training of practitioners and the first field-testing of CLTS Triggering in Eastern Cape rural villages.

**Table 5: CLTS Training Team roles and contributions**

<b>NAME</b>	<b>GENDER</b>	<b>ORGANISATION</b>	<b>TYPE</b>	<b>ROLE in Training event</b>
Samuel Musyoki	M	Plan-International, Kenya	NGO	Lead Trainer and practitioner (African experience)
Petra Bongartz	F	Institute Dev. Studies (IDS), University of Sussex, UK	ACADEMIC	Materials and communications (international resources)
Deborah Cousins	F	Community Water Supply & Sanitation (CWSS) Unit,	ACADEMIC	Principle Researcher, Adult Education and PRA specialist
Nolufefe Ngaye	F	Cape Peninsula University of Technology, Western	ACADEMIC	Assistant researcher: Logistics and data production
Phindile Sabela	F	Cape, SA	ACADEMIC	Assistant researcher: Materials and data production

As induction and training of CLTS facilitators was entwined with practical CLTS Triggering, the research decided to distribute invitations widely, along with a guide to motivate for selection to participate in the first CLTS training in South Africa. Eastern Cape Provincial Departments of Human Settlements (DHS) and Department of Water Affairs (DWA), Amatole District Municipality (ADM), NGOs and CBOs working in the case study region were selected to spread the limited spaces on the CLTS Training. RSS staff was allocated 4 of the 20 training spaces.

Preceding the training, the recruitment of learner facilitators focused on sanitation role players in the Eastern Cape, with the exception of a KZN-based sanitation practitioner who motivated strongly for his inclusion. Criteria for recruitment, set out in distributed invitations as a guide to motivating applicant selection, are contained in the box below:

<p><b>Why are you interested in CLTS?</b></p> <p><b>Current experience in participatory facilitation?</b> Specify:</p> <ul style="list-style-type: none"> <li>• Mobilizing communities</li> <li>• Public participation</li> <li>• Sanitation programmes or projects (and your role/s)</li> </ul>	<p><b>What do you know about CLTS?</b></p> <ul style="list-style-type: none"> <li>• 3-5 key features</li> </ul> <p><b>Are you positioned to apply what you learn from CLTS Training?</b></p> <ul style="list-style-type: none"> <li>• Where you might Trigger CLTS?</li> <li>• Institutional support and resources available</li> </ul>
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**Figure 4: Motivation guide for applicants to participate in CLTS Training & Triggering**

As the case study setting required institutional support, recruitment was guided by the need to study responses and support roles that would follow the CLTS Triggering. Selection for the limited places preferred those motivations received from sanitation practitioners operating in the area and the province of the case study, as can be seen in the profile of learners below.

While gender was fairly balanced with ten (10) women and eight (8) men distributed across two teams, municipal learners were fewer than desired. Although NGO participants appeared to dominate in number this is largely due to RSS participation and does not reflect the power dynamics that dominated each team. Provincial government participants played an increasingly dominant role as the training progressed.

**Table 6: Profile of Learner Facilitators**

NAME	GEND	ORGANISATION	TYPE	ROLE in Organisation
Nolufefe Ngaye	F	CWSS	ACADEMIC	Assistant Researcher, Learner
Phindile Sabela	F	CWSS	ACADEMIC	Assistant Researcher, Learner
Febbie Masango	F	RSS	NGO	ISD Manager
Mncedisi Soxujwa	M	RSS	NGO	Community Field Worker
Buntu Dumezweni	M	RSS	NGO	Development Facilitator
Phumla Khunkwayo	F	RSS	NGO	Community Dev. Facilitator
Phumla Titus	F	Resource Dev Ad (RDA)	NGO, EC	ISD, H&H Awareness Facilitator,
Nqe Dlamini	M	Yonke Solutions	SP KZN	Sanitation Service Provider
Yolisa Ngqono	F	Joe Gqabi DM	MUNICIPAL	ISD Officer
Lusanda Salman	F	DWA	PROV GVT	Senior Development Expert
Busisiwe Ndibongo	F	DWA	PROV GVT	Stakeholder Empowerment, ISD
Khunjuzwa Ngethu	F	DHS	PROV GVT	Senior Development Expert
Mziwoxolo Nogca	M	Zikholokotha	COMMUNITY	Handyman
Zwelixolile Kaye	M	Thalimofu	COMMUNITY	Methodist Church member
S. Nokhubela	M	Phuthuma	COMMUNITY	SGB: School Gov. Body
Thembani	M	Mgojweni	COMMUNITY	Active Youth in Comm. Dev.
Nombulelo Sobuwa	F	Mqanduli Advice Office	NGO/CSO	Community Facilitator
Mkhangeli Maseti	M	Amatole DM	MUNICIPAL	Sanitation Promotion Officer

Theoretical and preparation sessions were based in Coffee Bay, with conference facilities located nearest to villages, in which practical training was conducted. A training programme was initially outlined by the Lead Researcher, based largely on the abundant literature and handbooks available from IDS and experience of PRA Training. Thereafter the research team awaited planning session to thrash out details with the guest Lead Trainer of roles, responsibilities and tasks to be allocated. A casual approach and spontaneous style was soon evident, with no structured or focused planning or evaluation sessions called for to guide teamwork. Daily evaluation for participant learners was not applied to the training team.

Detailed notes of the 5-day training programme, as recorded by assistant researchers, are set out in Appendices 4 A-D, which focus on the training process. These appendices also inevitably cover the learner facilitators' experience of CLTS Triggering over 2 days, as these activities formed the practical and central part of their training.

**Table 7: Overview of training programme presented by visiting CLTS Trainer**

<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAY 4</b>	<b>DAY 5</b>
1. Welcome and Introduction. 2. Expectations and Objectives. 3. Background to pilot study 4. Basics of CLTS -Reflection	1. Recap Day 1 2. CLTS process Methods and Tools - Dry runs. 3. Preparation for the field work. 4. Formation roles responsibilities 5. Developing facilitation plans	1. Field work 2. Reporting or sharing experiences 3. Preparation for first round of Triggering	1. Field work 2. Reporting or sharing experiences 3. Preparation for second round of Triggering	1. Community Report back: Sharing and feedback 2. Share reflections Next Steps / follow up with support organization.

The initial session covered participant introductions by sharing: Name, Designation, Institution, Hobbies and lastly, *When last did you shit in the open?* The context of the training was explained before participants were asked to express their hopes or expectations and how they could contribute to achieving these (see Appendix 4 A). Participant expectations were responded to by the trainer presenting Objectives of the training along with an overview of the scope of the 5-day programme, as:

- Introduce participants to the concept of CLTS: Rationale and key Principles
- Learn the specific methods / tools and how to use them practically to Trigger communities and support them to obtain ODF
- Apply tools in six selected villages and share experiences, challenges and lessons
- Plan way forward for the CLTS Pilot.

After a power point presentation explaining what CLTS is and sharing experience from a global and African perspective, the trainer responded to trepidations about using negative language by relating *Consciousness* to *Self Respect*, moving people to choose to do something to change the disgust and

shame involved in “shitting in the open”. He stated that: *“Once people are confronted by their own practice action is inevitable”*.

Participants were given an opportunity to ask questions, as follows:

- Where subsidies are main thing how does CLTS work?
- What is it really? Sensitizing community to prioritize sanitation – insight into what is it and municipalities and ward councillors.
- CLTS and Phast – can we mix them?

Responses by the trainer were that in country experiences subsidies hinder change and may delay ODF. In CLTS approach there are as many designs as there are households. He stated that after 10 years of using PHAST the impact has been minimal and that PHAST is more teaching, slower and more didactic than CLTS, which is fast. He pointed out that CLTS integrates hygiene and does not stop at Triggering but issues arise in a way that is led by the community, rather than teaching them and not knowing if they understand.

The trainer summed up CLTS attributes as compared with other approaches they may be familiar with as:

- Changed behaviour
- Institutional and personal re-orientation from we know too they can do it.
- Professional restraints – hands off
- Changing mindsets about local people’s priorities and motivations
- Changing priorities perceptions and rewards in organization
- Focus on changes in individual collective behaviour.
- Restraining philanthropic reflexes encouraging local concern and active
- Hands off approach even the boldness to appear insensitive on arguments

In addition, he stated that, “If communities come up with a process it continues, rather than finishing when the contractor is finished”.

On the second day of the programme, four community members who had been selected by the chiefs (see Appendix 4 B) were separated into a focus group by the trainer. The reason was that these participants were not able to benefit from the training sessions, due to the English/Xhosa language barrier and time constraints for adequate translation. They were asked to select four out the six “villages” selected by the chiefs of the area.

This group chose four of the six larger village areas for triggering on 23<sup>rd</sup> and 24<sup>th</sup> August. They then sketched maps of each area, indicating layout as well as the scale in terms of approximate numbers of households. They also undertook and decided how to convey the rationale for reducing six to four villages to their chiefs and headmen as due to limitations of the number and size of facilitation teams (2 teams) and number of days available (2).

The day before fieldwork, learners were divided into a female and a male group to carry out a dry run of OD Mapping and practice of using materials for Triggering. After sharing their experience of the exercise it was emphasized by the Trainer that the set of simple questions to community people are the key prompts that constitute effective CLTS Triggering.



**Figure 5: OD Mapping exercise in female and male groups**

Two Facilitation Teams were then formed. These teams then prepared their plans for the following day's fieldwork. The trainer intermittently guided team planning and emphasized the "Dos and Don'ts" of facilitation and teamwork, but otherwise left teams to do their own preparations. Recapping on "*radical shift from past traditions to CLTS*" was explained as differences between the characteristics of traditional sanitation delivery practices and features of the CLTS approach.

**Table 8: Differences between CLTS and traditional sanitation delivery**

FROM	TO
<ul style="list-style-type: none"> <li>● Teaching with authority: we know they are ignorant.</li> <li>● Engineering designs.</li> <li>● Hardware subsidies as incentives to Health and Hygiene.</li> <li>● Drive to disburse budgets.</li> <li>● Latrines construction as indicators of achievements.</li> <li>● Targeting assistance to the poor disabled weak.</li> <li>● Being sensitive to local culture and taboos.</li> </ul>	<ul style="list-style-type: none"> <li>● Radical shifts from past tradition to CLTS.</li> <li>● Facilitate hands off they can find out they can do it.</li> <li>● Starting with local designs.</li> <li>● Dignity and self-respect as incentives.</li> <li>● Investing less to achieve more.</li> <li>● Communities ODF as indicators of achievement.</li> <li>● Leaving to communities to help.</li> <li>● Communities to sort out for themselves.</li> </ul>

Questions and discussion included participant responses to the Trainer's question: *What will hinder CLTS in South Africa?* The following points were noted:

- Lack of resources and language
- Cultural resistance

- Stereotype or attitude
- Community expectations
- Political buy in.

Participants' experiences of training, shared at the end of the second day, are reproduced below, showing their positive experience expressed at this point of the programme:

- Very impressive session. Interesting – still need to know how CLTS relate to other health and hygiene practices apart from open defaecation.
- Session was flowing and detailed at the same time. The time was well managed – not been kept for long. Knowledge and information was gained. The session was very informative covered all the CLTS theory in a simple, more understandable way as well as bigger chunk of what will happen in the field.
- Understanding CLTS better and to know the facilitation processes concerning it. My day was fruitful as I know it better now. First day was more about theory – it intensified my curiosity on how CLTS approach will be received in the communities and how the government will accept it. Very informative session now I have got a clue as to what the CLTS is all about.
- I gained a better understanding of what CLTS is about and how important is to sensitize the communities about the impact of OD so they can start taking action. The introduction to CLTS made it clear what the concept is all about it made me realize the importance of odf as opposed to structures as a way of health living for communities. Understanding CLTS and its goal. Total package of H&H and doing it for themselves.
- Understandable introduction. In general so far the training is useful.
- People are still using cell phones and losing focus after we all agreed cell phones will be off



**Figure 6: Training in action: recapping**

The third and fourth days were fully occupied with team preparations and the actual CLTS activities in fieldwork. Reporting back on their *Triggering* by the CLTS facilitation teams formed for their training was markedly less enthusiastic than the Community Report backs of their OD Maps and Action Plans on the fifth and final day. This stark contrast raised unanticipated questions about recruitment criteria and the

efficacy of the training methodology for South Africans in particular.

The lead Researcher observed that the guest Trainer adopted a fairly “hands off” and casual approach to training, relying on ad hoc conversation over meals and sharing his sense that some of the livelier participants were promising facilitators. There were no structured spaces for planning or evaluation sessions focused on the training process. The programme was run entirely by the visiting Trainer and the IDS resource person without requesting inputs from the South African researchers who were delegated to assist them.

Power dynamics could be seen clearly emerging within groups as each of the teams became increasingly resistant to time spent in session and complaints about logistics gathered in weight to amount to a tangible sense of resentment. Apart from one evening meeting with RSS staff regarding their follow up support there were no after office hours sessions.

On the final day in the last session the Trainer finally questioned dominant participant behaviours, such as exclusionary language use in social times. His feedback acknowledged that behaviours had gradually and negatively changed the tone of the whole group. All the participants left promptly at midday on the final day – as soon as they could – partly in order to drive distances of 4-5 hours away from the village area.

### **4.3 CLTS Triggering experience: emergent Natural Leaders**

The four large Villages , each containing many sub-villages, that were selected for Triggering during the CLTS Training week in late August are:

- Zikholokota,
- Phuthuma,
- Sirhoboxeni,
- Mgojweni.

These four were chosen out of the six selected by chiefs by the four community members who attended the training and accompanied learner facilitator teams to the field. Within the month after their training, the remaining two Villages were Triggered by RSS staff, ending with Khotyana, which was observed as part of a Quality Assurance visit, on 30<sup>th</sup> September 2011.

The CLTS Triggering activities were not arduous or lengthy. Each activity was prompted in sequence by a clear and simple question, which needed no further explanation. Facilitation provided the prompts and materials as well as maintaining the momentum of continuous engagement of people in:

- 1/ Making Open Defaecation (OD) Maps,
- 2/ Calculating approximate quantity of shit,
- 3/ Discussing what happens to the shit produced,
- 4/ Demonstrating contamination and discussing its impacts,
- 5/ Deciding what to do about it, and when in Action Plans.

Completing this flow took an average of 3-4 hours, unless interrupted, as learner Facilitation Teams found in some cases.

This chapter will not repeat a blow by blow account of Triggering in each Village, made accessible in appendices, but rather present data to be noted for reflecting on questions of adaptation. In addition to accessible handbooks and guides to CLTS Triggering, a core sequence of prompts and activities, with notes and emphasis has been derived from the first South African field experience of Triggering.

Appendices 3 A-F contain Community Reports backs on Triggering, while Appendix 4 B is narrative data that presents Assistant Researchers' notes. Reports by two learner Facilitator Teams of the two days of Triggering, covered a total of four different villages.

Aspects of the experience are drawn out in reporting for further discussion in Chapter 5. Differences between the three sources of reporting back on Triggering bear comparison for further discussion in the following chapter, Chapter 5, to shed light on lessons from the first CLTS Training and Triggering experience in South Africa.

#### 4.3.1 Settings and flow of participation

Most of the community "meetings" that were convened by chiefs during the Training week were conducted at schools, and sometimes in classrooms emptied for the purpose even though classes were underway. In closed settings the formality of discussions were more readily extended to "toilet talk", which in all these cases took more than a half hour to move away from before engaging people in activities.

Settings were important to the tone of gatherings with community participants, which required an initial formal opening by a chief. The teams typically experienced difficulty in moving out of formal meeting mode, which was partially affected by the setting.

Three types of settings for gatherings of residents are reproduced in those pictured below in three figures showing:

- inside school buildings/classrooms,
- on school grounds/ playing fields,
- in open fields between homesteads.



**Figure 7: OD Mapping in Sirhoboxeni's classroom**



**Figure 8: OD Mapping on Phutuma school grounds**



**Figure 9: OD Mapping of Khotyana in open field between homesteads**

In the case of Phutuma, the team decided to present a Problem Tree after OD Mapping, requiring participants to sit so that everyone could see the pre-drawn newsprint which threatened to slow the sequence down considerably. During this re-gathering an individual had taken initiative to collect and bring fresh shit back to the team. The women who arrived with fresh shit on a trowel, just as people were settling down as an audience for the Problem Tree, was told to cover it and wait. The team defended their position during their report back, blaming one team member for deviating from their agreed plan.

Khotyana's setting was within an environment of homesteads, which provided the most conducive situation for momentum of activities to flow. After a brief meeting to explain the purpose of the gathering activities were rapidly initiated. In this homestead setting many people continued to join the gathering in open fields between homesteads. However, facilitators here tended to retain control which slowed down the completion of mapping as well as discouraging more participation by people who were standing around and watching.

Loss of momentum was noted as an issue for facilitation of CLTS Triggering, which clearly requires more flexibility than was forthcoming from learner facilitators. However, despite hitches and a general lack of attuning to people to maintain their interest their own activity, the sequence of prompts entrenched in CLTS Triggering was seen to be effective in all cases.

#### 4.3.2 Natural Leaders emerge: reporting back on Triggering

Appendices 3 A-F contain the details of reports by Natural Leaders (NLs) of Triggering and Community Action Plans of the four villages triggered by learner facilitators during the week of their training. In addition, reports of two additional village Action Plans have been included on the basis of reporting by the NGO.

How particular people were selected for village report backs was not made clear by any of the facilitation teams, but rather left to community members to sort out for themselves. Appendix 3 G provides a comprehensive profile of all NLs who emerged from Triggering, although not all continued to be active, and some did not know how they were “selected” for this role.

However, the NLs who reported back on each village’s Triggering and Action Plan to those invited, who included chiefs and municipal officials, were confirmed in their adopted function thenceforth. Apart from urging people to carry out their plans, Chiefs formally approved and gave their commitment to support each village Action Plan.



**Figure 10: Natural leaders report back on Triggering and Action Plans**

The visiting trainer demonstrated how raising of hands in acknowledgement of Action Plans gave encouragement and added a sense of enthusiasm as an important part of the CLTS process. It must be noted that the learner facilitators appeared to be a lot less enthusiastic, if not disbelieving, at this stage.



**Figure 11: Community raise hands in support for Action Plans while facilitators look on**

#### **4.4 Post Triggering Follow up: Support and Monitoring**

The NGO which committed to Pre-Triggering preparations and Post Triggering follow up agreed to fulfil three (3) Missions, detailed in Appendix 5 A, over the CLTS cycle. The study included Quality Assurance of the Missions of expected deliverables, and the verification of progress as reported. Progressive reporting and feedback are detailed in Appendix 5 B and C.

While CLTS Training was provided as a benefit to the four RSS development practitioners, it also provided space for obtaining further guidance for follow up support. This support role and planning of actions benefited from the guidance of the experienced Kenyan practitioner and guest trainer. Based on the notes of this planning meeting, and cross-checking items with handbook guides and resources, a checklist of indicators to be recorded over time for progress reporting was provided to RSS.

A pro-forma for reporting, feedback and requests for additional data culminated in the case study evaluation. Apart from interrogating progress reports, two joint meetings with Natural Leaders and verification field visits generated data obtained directly from the Natural leaders.

Natural Leader inputs and feedback on progress, challenges that arose, their responses and outcomes over the Post Triggering follow up period of 5 months of study: from September 2011 to January 2012.

##### **4.4.1 Support Organisation: reporting on progress**

Although contact was regularly maintained by RSS with Natural Leaders, both telephonically and directly in field visits, the content and substance of progress and their responses or support remained obscure in their progress reports. Additional guidance and a checklist for progress reporting was thus provided. However, the practice of counting pits dug and constructing top structures for toilets as the sole measurable indicators of progress to be reported was notably dominant and persistent.

Despite a comprehensive checklist of monitoring indicators for progress reporting purposes, constructed as a key tool to guide Natural Leaders as well, agreements regarding the NGO's follow up support role for Natural Leaders did not hold. Detailed planning for tasks in providing follow up support in *Post Triggering* was minimized and narrowed down to counting the number of pits dug and top structures being built. This appeared to be due to both RSS and the NLs focusing on toilets as the way to achieve ODF.

An expectation that the baseline OD Maps would be used by RSS and NLs, to show change visually and household by household, was not taken up at all. An obstacle was that the original OD Maps covered very large areas containing several neighbourhoods, called "sub-villages". By the same token it became increasingly evident that a relative number of people living in each sub-village had not been Triggered directly.

Despite repeated requests for reports on details of each sub village according to the checklist provided, narrative reports on qualitative aspects, such as general attitudes and prevailing challenges continued to mix observations and assumptions. Without distinguishing between village or sub-village progress and challenges or which natural leaders were active in which villages, tables recorded only the numbers of:

- households with toilets
- households digging pits, and finished digging pits
- households started building toilets, finished building toilets

A lack of understanding as to why OD Maps were transferred from the ground was noted and raised. However, as there was no response to guidance, requests or suggestions, both baselines and progressive change remained obscure throughout follow up. An opportunity to mark households where existing toilets were in use, or needed upgrading and other behavioural changes reported by the NLs was an opportunity thus lost, depriving NLs of a tool. Narrative focused on constructing latrines and related challenges.

Narrative reports are a commentary on all NLs' commitment and general observations such as:

- timeframes of Action Plans are not given priority
- progress is slow but positive,
- NLs will continue to motivate.

How NLs were motivating households was not reported. Eight *Challenges* and *How they were dealt with* were summed up as a final deliverable by the Support Organisation, as shown below. Reporting on *Community Progress* was from RSS perspective, *Stories from Natural Leaders* were explanations of this and *Challenges* an additional explanation.

**Table 9: Summary of NGO report of eight challenges and how they were dealt with**

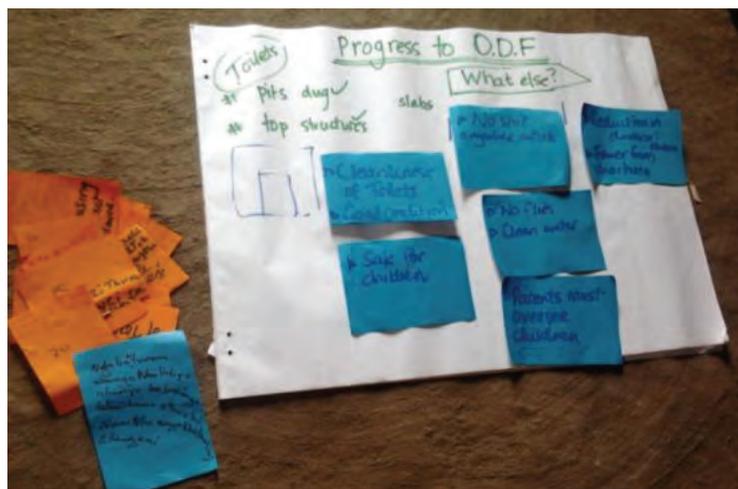
<b>Challenges</b>	<b>How challenges were dealt with</b>
1. Building material	Informed community that no specific material has to be used. Possibilities are mielie bags, sticks, cold zinc, timber, mud bricks.
4 Slabs	They wanted to find out how to build platforms. Shared self-built examples and showed materials used by others.
5 Dependency	Meetings scheduled for NLs to address community to persuade them not to rely on government for their own health. Help to construct toilets was volunteered by an NL.
6 Toilet delivery	Delivery by DHS in neighbouring Khweleni raising hope of benefits that District budgeting and 5yr plans may prevent.
7 Rumours	Community expectations of receiving building material were expressed.
8 Closure of forest	Conservation of community resource for poles does not stop mud brick production, constrained by school exams so children away
9 Stubbornness	One on one meetings with individual is working better than mass meetings for NLs to convince households
8. Planting season	Community meeting to request some time to allocated to toilet building.

RSS staff were finally given an opportunity to contribute to case study evaluation based on their experience. It was unexpected that NGO fieldworkers were adamant that the progress reporting checklist provided in a pro-forma (see Appendix 5 D) guide for use as a tool was neither confusing, inadequate nor faulty, and yet it was not utilized (see Appendix 5 C).

#### 4.4.2 Local monitoring and indicators

One month after Triggering had produced initial Community Action Plans a meeting that was scheduled with Natural leaders to verify reported progress, expand on details in descriptions of progress and for Quality Assurance of follow up support received from the support organisation.

Local level monitoring indicators for stopping open defaecation was prompted by asking, other than counting pits and latrines, *How else will you tell if ODF is being achieved?* Monitoring indicators were identified by Natural Leaders without further guidance. The indicators NLs identified in response to this question are indicative of greater weighting social and behavioural aspects of community driven sanitation, emphasizing *what people do*.



**Figure 12: Natural Leaders identify indicators of progress on 29th September 2011**

Significant qualifications regarding the function of toilets, rather than counting the number of structures, was expressed by Natural Leaders who explained the importance of:

- facilities being clean and in good condition
- facilities being safe for children
- no shit anywhere outside to reduce flies and keep water clean
- parents overseeing children.



**Figure 13: 1 month after Triggering in Thalimofu Chief's toilet, Pole platforms, pits dug**

One month after Triggering the key challenges raised by NLs were about latrine construction. Rectangular pits seemed to be aiming at more or less the same depth and width, raising questions regarding models and designs in relation to materials available. Limitations of materials, platforms and seats were discussed and NLs arranged visits to different completed innovations in different villages.



**Figure 14: Zikolokhota's Child's seat**

Initially, after Zikolokhota had completed the first child-friendly latrine, a few VIPs were delivered by a contractor. The headman and NL had no idea of intended delivery plans, but conveyed that Not everyone would receive a VIP structure. However, delivery of VIP structures in Zikolokhota did not prevent NLs from honing a mix of self-built latrines and VIPs towards ensuring that all households had a facility to prevent them from defaecating in the open.

On the other hand, the greatest constraint in two large Villages of Mgojweni and Sirhiboxeni was conveyed as mystification and rumours about municipal and/or departmental implementation of VIP toilet delivery. Although no one could indicate the source of these rumours at that time, the delivery model associated with rumours was that of hardware provided to households after digging their own pits. Most households dug their own pits.



***Figure 15: Mgojweni and Sirhiboxeni residents began digging pits vigorously***

During the second and third month after Triggering, seasonal rain meant that the imperative of planting season constrained the availability of persons for latrine construction. Schoolchildren were writing examinations in the third month, and therefore not available for making mud bricks.

However, creative use of materials and spaces, assistance from neighbours and relatives and demonstration of initiative by NLs and a Chief (see |Figure above) continued to various degrees.

Phutuma made the most progress during these months. Two NLs worked together to encourage all households (in particular in 2 sub-villages or neighbourhoods) by demonstrating creative use of very different materials to construct their own latrines. A range of latrines were constructed with different materials. Existing toilets were visited by NLs to ensure that household use prevented open defaecation.

Where no toilets or facilities were in use, people were nevertheless urged to move away from water resources to defaecate, and to cover it. Hygienic behaviour change and latrine construction was related to stopping defaecation in the open and near water sources by NLs.

Follow up by the NGO was relied upon to report on progress over the first month after Triggering, after which a Quality Assurance visit was conducted to verify reports and guide the collation of data for further reporting to the research team.

Progress reports by NLs and RSS were verified by observation while walking with NLs across the larger Village areas of Phutuma, Zikholokota, Mgojweni, Sirhiboxeni and Thalimofu. It was clear that an additional burden for NLs was dealing with large Village areas with greater distances to cover and dealing with many residents who had not participated directly in the Triggering experience, rather than focusing on Triggering most households in a smaller sub-village.

#### 4.5 Outcomes and innovations: verification of results

Appendices 6 present the details of outcomes that were verified after 4 months in each Village that was triggered. An evaluation of innovations and challenges that was conducted over the week of 23-27 January 2012 functioned as verification opportunity. Verification of outcomes and innovations in villages culminated in an evaluative session with the NGO that carried out a support role after triggering to obtain their evaluative input on outcomes in the case study (see Appendix 5 D for details).

Field visits to several villages was hosted by Natural leaders after a focus group session had:

- re-visited indicators of progress,
- interrogated why progress varied
- reflected on the role of Natural Leaders.

Details are further discussed as lessons for adapting CLTS in chapters 5 and 6 that follow.

Three variations in Village responses to Triggering and Post Triggering follow up have emerged in similar conditions.

Within the larger Phutuma Village there are two sub-villages that have made most progress towards ODF. This is partly, if not wholly, due to the two NLs who reside in these sub-villages working confidently together, one of whom hosts all joint NL meetings. Each of these NLs have completed their own latrines to demonstrate creative use of accessible materials.



**Figure 16: Latrines constructed by NLs Mr Nokubela and Mr Mpande in Phuthuma Village**

Both sub-villages continue to be highly motivated, while the school and other sub villages maintain an interest in achieving ODF status. Of several examples of creative use of a range of accessible material evident in Phutuma, a few are shown in the pictures below, taken on long walk across sub-villages on the 24<sup>th</sup> January 2012.

Zikolokhota Village continues to strive towards ODF status, incorporating VIP delivery in this objective. Although delivery continued sporadically, problems to user recipients were noted by the NLS as:

- pits full of water (breeding mosquitos),
- doors facing the wrong way for desired privacy
- hand-washing brackets being too high for children to reach.

NLS have noted shortcomings that they have pointed out in the VIP models, while ensuring that households without VIPs are assisted. An imperative that children make use of facilities has highlighted that brackets for a bottle to be inserted for hand washing are placed far too high for children to use.

Mgojweni Village and Sirhoboxeni Village are neighbouring areas (containing sub-villages) that both succumbed to rumours of delivery of hardware as a direct result of another neighbouring village receiving VIPs after digging pits. Pits have thus been dug by most people who then stopped and still await further clarity on whether hardware may be delivered and by whom. When VIPs were delivered in the neighbourhood outside the Triggered villages in November, this was put down to a Councillor's intervention (unverified).

Sirhoboxeni Village's NL had completed a latrine with a top structure of old zinc that was unable to withstand winds. Despite rumours of possible delivery, with the only evidence being a visit by some people to one house on top of the hill, the NL continued to encourage people to stop defaecating near their water sources and to bury their faeces. However, the newly built school toilets that had been clean in August 2011 were filthy and needing repair in January 2012.

A lack of communication between administrators and communities, including their traditional leaders, was evident across all villages. There is no clarity for residents about VIP delivery plans or which municipality or department may implement in this area. It appears that their sole interface is with contractors who come and go without prior arrangements and do not accurately inform communities.

School sanitation remains a challenge as staff are, by their own account, overburdened and unsupported by their department. Discussion of proposals and strategies for the school tends to wind down into implications that the school latrines are someone else's responsibility.

Overall, very few latrines were constructed within one month, as initially intended and put forward in Action Plans. However, recognition that stopping open defaecation near water sources and covering faeces was a worthy achievement that served as encouragement to make further progress. Various challenges intervened with intended progress and achieving the dates projected in Community Action Plans in respect

of constructing pit latrines, but did not prevent NLS from sustained monitoring and interaction with households experiencing difficulties.

A further report to senior ADM officials has yet to be confirmed for further discussion of municipal responses. The ASAP Manager is however pleased that people are prepared to build themselves pit latrines until ADM is able to deliver over time.

## 5. Lessons from the case study

Experience in the case study has confirmed that CLTS Triggering effectively mobilizes communities to stop open defaecation. A simple sequence of prompts, conducted over 2-3 hours demonstrated a raising of consciousness of issues that goes beyond the notion of receiving toilets. Latrines are immediately understood by those directly Triggered, as only effective if all households practice hygienic behaviour and everyone, including children, uses facilities.

The CLTS approach does therefore appear to offer a way to alter negative attitudes associated with entitlement to receiving municipal services and the supply of toilets by contractors. A crisis of disenchantment with services delivery may thus open a window of opportunity for communities to overcome their sense of dependency, which is synonymous with their sense of entitlement.

Where there are persistent sanitation backlogs, adapting the central CLTS premise of *no household subsidy* in conditions that are surrounded by *expectations of municipal delivery* calls for more flexibility in both approaches. In the South African municipal environment,

- Pre-Triggering must encompass more concerted stakeholder engagement;
- Training of CLTS facilitators requires more depth and cognizance of community capacity, both before and after Triggering;
- Post-Triggering monitoring and support for natural leaders warrants greater emphasis in training;
- Interaction at the interface between communities and municipalities has great potential to bring community resourcefulness and state resources together.

In seeking to complement rather than contradict the current municipal approach, the standard 'Health & Hygiene Awareness' component was claimed as the space for adapting the CLTS approach in the case study. Instigating demand-driven initiatives in a supply driven context has provided for realistic testing of the social space for community decision making and action in the country approach to achieving basic sanitation for all.

Responsibility for decisions at each stage should be clarified as part of Pre-Triggering preparations. Given the combination of a sponsored study, formal institutional mandates to provide basic sanitation services, and the community-led sanitation initiatives that were Triggered, the question of ***Whose project is CLTS?*** remains valid for adapting this approach.

Pertinent insights regarding responsibility and ownership of sanitation are discussed further by reflecting on lessons from the case study experience.

## 5.1 Community demand for sanitation: opportunities and challenges

Community participation was instigated by traditional leadership through a mix of formal representivity and formal procedures such as roll calls overseen by the hosting chief on each occasion. Complexities beyond the scope of the case study deserve further examination to understand community and civil society mindsets underlying the dynamics of representation, rather than resting on simplifications of participation for the purpose of blueprinting a popular methodology.

The importance of knowledge of an area, understanding of power dynamics and concerted communication across existing lines between stakeholders cannot be diminished. Clarity on how much larger were the "Village" areas chosen by the chiefs than those ranked and selected as favourable for the CLTS approach began to emerge only after facilitation teams met with village residents.

Large areas proved the greatest challenge to Natural Leaders, in respect of distances and numbers of households as well as the limited direct Triggering of village residents themselves. The number of households who were directly Triggered has remained shrouded in claims that "everyone was there", which was clearly not the case.

The second greatest challenge to community initiative began with un-sourced rumours a month after Triggering: that if villagers dug pits then Human Settlements would deliver toilets. When a neighbouring village received VIP delivery these rumours soon evolved into expectations or hopes. This was the consistent explanation of all community initiative coming to a halt after households had dug their pits in both Mgojweni and Sirhoboxeni.

On the other hand, In another village setting, Natural Leaders remained undaunted by any prevarications by residents. The most remarkable discovery was that the suite of indicators of progress that were readily put forward at joint Natural Leader meetings highlighted safe access to children, reduction of fly-breeding (and diarrhoea) and stopping open defaecation near water sources.

### 5.1.1 Natural Leaders: an untapped resource

After a hidden form of selecting Natural Leaders, those who volunteered their continued enthusiasm despite challenges that arose, interacted frequently with residents. Members of the Methodist Church and School Governing Board retained their purposefulness and utilised broad community relationships, probably built over time and authorized through their association with respected community institutions.

The traditional local governance system was implicit in the number of Natural Leaders whose liaison role was in direct relation to traditional leadership of the larger Village areas (see data in Appendix 2 B). Although existing links with traditional leadership was related to their selection (see Appendix 3 G), differences emerged over time.

When toilet delivery in a village neighbouring a large triggered village area caused a spread rumours to effectively counter-act community mobilization Natural Leaders persisted in persuading people to act on their own behalf (see Appendices 5 B, 5 C and 6 D). When delivery of VIP structures began to be interspersed with self built pit latrine construction in Zikholokota (see Appendix 6 D), Natural Leaders and innovators continued to apply consistent energy in their follow up to ensure that everyone gained access to a latrine.

Poor access to infrastructure such as water supply and toilets tends to draw attention to the possibility or likelihood of related basic water and sanitation subsidy programmes. Even in situations where 10-15 years may have passed since communities first began to expect basic services provision, most people are aware of the kind of VIP top structures that manifest as basic sanitation delivery. Neighbouring Wards, or travel across municipal boundaries provide a 'sanitation landscape' view of a range of designs that have been delivered over time. In many instances people may have used VIPs in transit or as visitors.

It is therefore imperative that constraints and both optimal and worst case timeframes for access to household subsidies for the construction of such toilets are explained clearly and directly to communities by municipal officials, regardless of shifting political pressure or interests.

The results of voluntary undertakings by Natural Leaders compares very favourably with a much less effective investment of R375 per household for "Social Facilitation and Community Mobilisation". This amounts to a sub total of R 2,893,125.00 for a local municipal area of Mbashe's Phase 1a, covering 7,715 residents. Subsequent hardware delivery at more than R4,500 per household for a prefabricated VIP structure appears difficult to justify within the socio-economic conditions which people continue to cope with.

Natural Leaders identified indicators for achieving sanitation that are more encompassing, specific and functional than the provision of an individual household toilet and education. Their list of indicators for "*no open defaecation*" showed up great detail of behaviour and practices involved in stopping open defaecation. Their depth of understanding belied the need for the costly Health & Hygiene education that is provided with standard VIP toilets.

## **5.2: Municipal environment: Challenges for alignment**

In order to understand concerns, challenges and opportunities within the municipal environment, Eastern Cape stakeholder perspectives regarding community sanitation were further explored.

Understanding the dynamics surrounding the District Municipal role in community sanitation was informed by exploring relationships between key state institutions and communities. Investigation included finding out which groupings are involved in making decisions in implementation and planning of community sanitation.

The Eastern Cape DHS was not satisfied with funding allocations. Persistent challenges to sanitation delivery from a provincial perspective were highlighted as:

- Lack of community ownership,
- Lack of community responsibility for O&M,
- Inadequate municipal budgets.

An indication of the value of 'sense of ownership' was put forward as that people in rural areas build their own houses and take a good care of them without any assistance from government.

ADM reportedly requested households to donate pits as a way of strengthening a sense of ownership of VIPs constructed by contractors, whereas both DHS and DWA were not satisfied with this municipal decision. Provincial officials expressed concern about risks, health and safety of household members who dig pits, and the vulnerability of the elderly who are put at risk of strangers and being exploited. They also questioned who should take responsibility for the district municipality? It was suggested that this approach to community ownership should be aborted.

Apart from the interest expressed by the Sanitation Manager responsible for the ASAP roll-out in the area, sanitation practitioners were asked to share their perspective regarding current practice and their roles. As the district municipality (ADM) plays the key implementation role municipal practitioners were asked for input regarding their daily operations as well as their view on possible opportunities for adapting the CLTS approach to be fit with a municipal approach.

During discussion the sense that officials conveyed was that communities are not capable of achieving their needs without government assistance. They highlighted that although they perceive construction of toilets as an adequate measure for eradication of sanitation backlog, communities must start taking responsibility and ownership of O&M of these toilets. It was considered that if O&M could be adequately carried out by beneficiary households, municipal resources could be transferred to other important services to improve the standard of living in the area.

A participant explained that regardless of whether education was done right or not, improved hygiene is still attainable because caring for something you deem valuable 'comes naturally'. A planned resolution to address inadequate Health and Hygiene Awareness was for the Dept. of Health to move the Environmental Health function to municipalities. Both institutions can share the cost. Municipal stakeholders were, however, concerned that receiving personnel from the DoH would require time-wasting training for the new staff by the old staff.

It was noted that state sponsored subsidies rely on outsourcing to professionals for service delivery which further contributes to financial constraints to distribute funds to beneficiaries. However, municipalities were deemed unable to render the required service even with the assistance of the Department of Health. It was evident that the role of traditional authorities and ward councillors in the planning and implementation of new sanitation projects was not a major consideration. On the other hand the majority of participating institutions agreed that sanitation programmes are most efficient when communities 'decide for themselves'.

A main concern was that different institutions did not know how budget decisions and allocations to departments were made. It was emphasised that at the moment more needy sectors are left without enough funds to operate, while those well off are getting much better budgets. In a democratic South Africa one would expect the budget issue to be more transparent.

The issue of weak relations among stakeholders was emphasised during interviews, when participants explained that communication channels are not clear enough and relationships between different institutions requires attention. Venn Diagrams indicated that provincial officials appeared to blame and shift responsibility to their municipal colleagues. Although implementing agents are responsible for sanitation delivery all the acknowledgment goes to departments but where they have failed the implementing agents and not specific departments are blamed.

### 5.2.1 Institutional views on the CLTS Approach

Although the CLTS approach was seen as having potential benefits, concern was raised about integration of this approach with current municipal roll-out programmes. Supply driven acceleration of services delivery was considered justifiable for speeding up access to household toilets, while the CLTS approach could add value to this programme. The dilemma discussed was: on the one hand to be doing their jobs (provision of basic services) and on the other to motivate communities to do things for themselves. Discussion was about moral responsibility, communities being empowered to take on their own challenges and concerns about undermining the hopes and aspiration of citizens as voters.

It was further argued by government officials that roles and responsibilities regarding community consultations about development in their territory have been carried out, although the outcome of such efforts was not communicated clearly during the interviews. A general view of both geographical and social realities in the case study area was evident.

A summary of findings was that:

- Relationship dynamics between institutions is not satisfactory and contributes to sanitation delivery challenges;
- Failures lead to shifting blame between provincial departments and municipalities while communities suffer the consequences;
- Although interested in the CLTS approach, formal integration with the current sanitation delivery approach was expressed a key concern;
- Beneficiary communities are perceived central to any development planning, although traditional authorities are often excluded;
- Little has been done or is planned to engage community skills in sanitation programmes.

Research confirmed that national and provincial pressures on local government to “address the backlog” in basic sanitation have unintentionally led to hardware delivery targets. The consequence is that

municipalities and their contracted service providers have inadvertently re-interpreted a demand-driven policy into a supply-driven approach.

### **5.3 Levels of engagement at the interface**

Reverting back to the backlog after subsidised facilitations were delivered was viewed as an implicit result of a lack of community ownership. This is one of the greatest sanitation challenges according to stakeholders. Whether due to surrounding socio-economic realities or dependency on government, it is viewed as a main constraint to eradicating the sanitation backlog. Both the municipal and provincial stakeholders claimed that households just “do not care enough” about the sanitation facilities provided.

Lack of ownership of a facility is linked to households not taking responsibility for O&M. According to officials, community perceptions that facilities provided by the state are the responsibility of the state, includes daily and weekly maintenance such as refilling bottles for hand washing and cleaning the fly screen. Households are not willing to do that because they do not feel that these latrines belong to them.

Interviews with stakeholders further revealed that the current Health & Hygiene Awareness services, comprising education that is conducted as an “add-on” to toilet delivery, has proven to be inadequate. Although inadequate participation of communities is linked to failure of sustained sanitation, nuances in interpreting community participation in sanitation were divergent. Trust of community capability, which underlies the skills needed to support and facilitate local decision-making and actions, is apparently a tall order.

## 6. Conclusions and findings

The CLTS concept aims to achieve an Open Defaecation Free neighbourhood which, according to Natural Leaders, involves constant access to latrines by all residents, including all children, as well as keeping facilities clean at all times in order to reduce fly breeding and contamination. A key challenge in the Post Triggering follow up stages of the case study was getting support organizations to encourage Natural Leaders to adopt what *they* think the best way was to communicate, encourage, monitor and respond to local level dynamics.

More stringent criteria and additional tools for establishing capacities and skills for setting up organizational support are indicated. Neither an organizational profile nor motivation for training proved to be adequate for selecting a support organization. Many previously activist NGOs have undergone a decade of transformation due to post-apartheid funding limitations, an indirect result of re-directing aid to the state. Many NGOs now operate as private consultants who rely on contracting out their services to local government. This presented a challenge for locating support for community-led sanitation.

Support that encourages and trusts in community capacity to carry responsibility for all that is involved in achieving an Open Defaecation Free village, neighbourhood or environment was not readily forthcoming, despite anticipated and desired outcomes of cost-effective benefits. Increased costs to the state cannot be disassociated from the expense of outsourcing professional private sector companies. The necessity of questioning civil society organization and NGO roles and linkages more sharply became increasingly apparent.

With hindsight, Pre-Triggering guidance and tools for the preparation stage were insufficient for adapting the CLTS approach to South Africa institutional conditions. It is simple and efficient to make local and external champions for the CLTS process more visible during preparatory *Pre-Triggering*. In the case study it became increasingly clear after *Triggering* that local civil society role players and organizations (such as local preachers, church groups, and school governing bodies) have a significant bearing upon a community in that they are well situated to encourage, acknowledge and champion collective decisions and actions.

Cautioning that those who have previously provided subsidies for sanitation have found it difficult to use the CLTS approach there is consensus in the literature (IIED, 2010) that agencies subsidizing and promoting costly models of toilets such as professional consultants, contractors and suppliers, may even have a vested interest in community dependency on provision of their services. Additional tools to assist in establishing capacities and skills for setting up organizational support are therefore indicated, as well as additional pre-assessment in recruiting facilitators for their training.

Responding to challenges as they arise with encouragement (to stop defaecating in the open), requires attitudes and behaviours that recognize community knowledge, resourceful and creativity. CLTS facilitation

skills are reflected in progressive and increasing confidence that a community can achieve an open defaecation free environment without external assistance, and ultimately in ODF results.

Shifting away from independent application of participatory community development principles is largely driven by funding sources for NGOs, which have been mainstreamed by donors into government partnerships. Claims of professional participatory facilitation skills do not guarantee quality of practice, with reference to prior endeavours regarding PRA and PHAST, but formal training and assessment may well avert some of the pitfalls of over-simplifications of practice when disassociated from its theoretical foundations.

### **6.1 Facilitation at the interface between Community and Municipality**

Despite the inclusion of educational awareness programmes in basic sanitation plans and budgets, practice defined as “social” has nevertheless been led by the provision of government subsidized toilets. The practice of primarily responding to community-based facilitators who deal with day-to-day challenges and encourage residents to run with locally grounded opportunities, can no longer be assumed as endemic to NGO culture and competency in South Africa.

Comprehensive evaluation of challenges and outcomes included stakeholder responses to community initiative. As a result, Training of CLTS facilitators and Post-Triggering monitoring were confirmed as key areas for adaptation to the South African context.

The case study experience was that both departmental and NGO social practitioners retain developmental identities ascribed to participatory principles, while their attitudes and behaviours are contradictory, evident in their responses to community initiative. The first case in rural Eastern Cape setting has shown that both traditional and municipal authorities are involved in a complex set of leadership arrangements.

Representative decision-making is preferred over wider inclusion for collective consensus, and actively sought to legitimize change. While some organizational functions may emerge to support collective aspirations evoked through imaginative rather than political spaces, the terrain is subjected to contestation for representative power over people's decisions and actions.

The case study experience suggests that local schools and churches may be better positioned to support community-based facilitators, and that it may be worthwhile to target public service facilitators, such as EHPs, Health Workers and CDWs for CLTS seminars and training, as well as setting up a case for working collaboratively with enlightened civil engineering colleagues.

Integrating the demand side of sanitation may readily accommodate reconstruction of the current notion of a Sanitation Ladder. Encouraging households to get onto this ladder at a level that they can afford and that is within their means establishes hygienic behaviour more effectively than conveying concepts of hygiene while delivering VIP toilets has done. Municipal support may allow for a simple pit latrine to serve for climbing onto the first rungs of a sanitation ladder where inadequate budgets inhibit the reach of providing subsidized toilets and costly education.

Within the municipal environment it appears that it is South African institutions, rather than communities, that struggle to get involved and cooperate in addressing the multi-disciplinary issues of sanitation. The space at the interface between community and municipality requires attention that the CLTS approach may instigate, but the facilitation of that space requires some concerted shaping for application in the municipal environment of South African conditions.

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## **Appendix 1: Pre-Trigging – Selection of Villages in Case Study Area**

### **Summary report of field visit to Mncwasa South Villages: 15 July 2011**

Led by a Chief (Amos Zunguzane), Zikolokhoto was the first of the villages we visited in the Mcwasa area, Ward 12 of Mbathe Local Municipality. Although VIP structures were evident across the main road, Chief Zunguzane was definite about no expectations of subsidized toilet delivery within the near future.

Three teams were formed from CWSS and RSS staff to walk in different directions and field-test a Ranking Tool to note observations. Ranking was based on scoring against indicators of favourable conditions for the CLTS approach.

The Chief and the headmen interviewed during the field visit confirmed that the tar road forms a boundary between O.R. Tambo and Amathole District Municipalities. Demarcation had been subject to a misunderstanding that led to a contractor beginning basic sanitation delivery, and then being halted, in the wrong District.

### **Observation and Ranking Case Study Villages against Favourable Indicators**

1. **Zikholokoto Village : Total Ranking Score: 38 = Favourable**  
**Team:** Deborah (CWSS), Mncedisi (RSS) and Elvis (Community)

According to the young man who accompanied one team on an investigative transect walk, 'Zikholokoto' means "place of warmth". This village of about 50 households (visible count) was considered isolated as it is far from the nearest town (Mqanduli), clinics and hospitals and lacks municipal services. Residents confirmed that south of the Mcwasa River the villages fall within the Mbhashe Local Municipality, which is within the Amathole District Municipality.

No subsidized toilets were evident nor had plans to deliver basic sanitation services been conveyed, according to Chief Amos Zunguzane. However, VIP toilet delivery is visible across the road (in O.R. Tambo area), in a range of four (4) different models of top structure showing weathering over time. Although many structures are in disrepair and open doors displayed disuse, evaluation of toilets was outside the scope of our research. It was confirmed in open-ended discussions with headmen that subsidised toilets are neither delivered nor expected.

#### ***Organizational indicators***

The Chief and other headmen we met in villages visited showed keen interest in our initial investigation and encouraged a return visit to further pursue "some of the problems" we observed on our rapid walks. RSS undertook to work closely with traditional leadership and communities to confirm arrangements organized for the week of 22<sup>nd</sup> August.

**Field tested Ranking Tool – example of Zikholokota Village**

FAVORABLE INDICATORS	RANK 1-3	REASONS FOR SCORING
<b>General</b>	<b>Score: 5</b>	
Isolated rural settlement.	1	Although near main road, no services
Culturally homogeneous.	1	Traditional cooperative – Xhosa
Favorable community size of between 20-100 h/h.	1	+ 50 h/h
Where there has been no programme of hardware subsidies and none is proposed.	2	Old pit liners dropped off by contractor in a headman's yard – no project plans
<b>Organizational</b>	<b>Score: 7</b>	
Where there is provision for follow up encouragement and support after triggering.	2	RSS (NGO) appears to be committed – to be confirmed.
Where finding and supporting natural leaders who can spread CLTS laterally is a priority.	1	Cooperative mode of government & decision making established.
Practitioners appear to have appropriate attitudes/ behaviors.	2	To be tested – unknown as yet
Facilitators are strongly motivated, and flexibly supported	2	Unknown, Supported by RSS.
<b>Current Conditions and Practices</b>	<b>Score: 7</b>	
High incidence of diarrheal disease and child mortality.	1	Records confirm outbreaks.
Inhabitants have vested interest in avoiding contamination of water sources – a high incidence of waterborne disease.	2	People confirmed that children are affected.
Where defaecation is constrained by lack of privacy.	2	Long grassy hillside provides privacy.
Where it is easy for people to see and analyse, the links between their defaecation habits and ingestion of feces.	1	Visible faeces and cleaning materials is linked to children's illness.
Where during rains or the night people defaecate nearby.	1	Easy to get into long grass nearby.
<b>Physical Conditions</b>	<b>Score: 12</b>	
Lack of cover in surrounding area leads to lack of privacy.	3	Long grass provides ample cover.
Wet, moist and/or visibly filthy and disgusting conditions	1	Open Defaecation is clearly visible,
Settlement patterns provide adequate space for latrines.	1	Enough space on slopes of hills.
Shrinking space for open defaecation due to construction of roads, buildings, densification etc.	2	Increasing because of many children growing up and returning.
Significant tree and bush cover, even in the dry season creates more places for open defaecation.	1	Not many trees, but much long grass on slopes.
Safer water sources are restricted or inaccessible, therefore unsafe sources are often used.	1	River is far from homes and muddy dam is used.
Faeces clearly find way down steep slopes into water sources.	1	Downstream movement clear due to hill top homes and slopes to river
Soil is stable and easy to dig, wells will not be polluted.	1	Stable with removable rocks
Water supplies unprotected, vulnerable to contamination.	1	Muddy springs are used for drinking
<b>Social and Cultural conditions</b>	<b>Score: 7</b>	
Socially homogeneous community with high cohesion.	1	Xhosa traditions and organization.
Progressive local leadership.	1	Appear to be open and progressive.
A tradition of joint action.	1	Cooperation.
Women have a voice.	2	Are supported but to be tested.
Where latrines and cleanliness give social status	2	Would be admired but not alter status.

**Total Score: 38**

**Lowest Count is Most Favorable.**

**Range for Scores: 1=Most favorable (27-39)    2 = In-between (40-56)    3 = Least favorable (57-81)**

***Physical Conditions:***

Zikhlokoto homesteads are surrounded by tall grasses that may readily hide open defaecation, even close to homes and dams. Visible water sources include a small muddy dam (we observed a child putting this water in a pot to boil on the fire), and a river situated far below in the bottom of the valley. The steep slopes down to the streams and rivers, another source of drinking water for residents and livestock, is clearly facilitates run off to collect faeces on its way down. Dams and rivers are easily accessible to animals, and there was evidence of open defaecation upstream of the water sources.

There is adequate space around the groups of homes for latrines to be built although population may be growing constantly and new homes built to accommodate new generations. The soil is stable but rocky with loose rocks that can be readily removed in digging – may provide sound building material.

***Current conditions and practices:***

Open defaecation around and above domestic water sources is easily found. Visible faeces and cleaning material was linked to children's illness by people we spoke to. It is clearly very easy to find enough privacy to defaecate in the open hidden by the long grasses that are near to home.

***Social and cultural conditions:***

Residents referred with confidence to cultural and traditional governance practices of cooperation that is led by chiefs, sub-chiefs and headmen. Arrangements appear to be according to Village and sub-village definition and interaction between homesteads.

**2. Mncwasa West Villages : Total Ranking Score: 37 = Favourable  
Team: Research team and RSS staff**

After visiting Zikhlokoto the Field Teams were taken to Mncwasa West to pursue the identification of 5 other suitable Villages. Several villages stretched further down into the valley in a more isolated area than previously visited.

After driving further into the hills and valleys on potholed gravel roads we were led by Chief Amos to walk down the valley and across a river to a homestead where there was a gathering of men in a kraal and women preparing food below a group of houses. Sharing their freshly slaughtered and barbecued cow/beef with us provided a sociable setting for introductions and discussion, although it also prevented us from walking further into the valley. However, headmen and people interacting with the team insisted that conditions were "the same" and comprised many similar villages.

***Organizational indicators:***

It was difficult to guess who was who in respect of roles and leadership. The men joined us to discuss our reasons for being there and what we intended. Another Chief or Headman was

involved in this area. Agreement was readily reached in a convivial atmosphere. Issues regarding the safety of river water for drinking were raised by a village man.

After a request for community presence at the seminar and training, two people were put forward to join us in Coffee Bay, to which we agreed after establishing that they were not Chiefs. After further explaining the purpose of the events and extending invitations to the seminar in East London as suitable for leaders, we explained the role of linking to villages to these two people after others had dispersed.

***Physical Conditions:***

There is more space around homesteads for latrines to be built. Homes were located closer to the river as far as one could see down the valley. There was evidence of a pipeline being constructed, further up the valley, which Chief Amos explained is a water project (but no toilets projects). The soil is less rocky and more sandy – loose rocks can be readily removed when digging holes (again, may provide sound building material).

***Current conditions and practices:***

While walking down into the valley we spotted open defaecation. There was more evidence in the bush cover right next to the river we crossed, which was confirmed as the source of water for villages in this valley. The men volunteered the information that it was common practice to shit next to the river, also indicating that this “of course” caused illnesses.

***Social and cultural conditions:***

Xhosa speaking people with cultural and traditional governance practices. Community cooperation is managed by a system of Chiefs, sub-Chiefs and Headmen. Chief Amos introduced us only to the men – not the gathering of women – although there was only 1 male as opposed to 6 females in our visiting group.

**Pre-Triggering report on Chief’s intervention after selecting favourable villages:**

**19 August 2011**

An unanticipated meeting was convened by Mncwasa’s Chief Amos Xolilizwe Zunguzane, at his house. The gathering included many chiefs and headmen from a wide area, such as Chief Xhalisile from Rhoboxeni village and Chief Zwelixelile from Thalimofu village.

The team did not know why the meeting was convened, which appeared to replace the request to meet with individual headmen on site to make arrangements for the week’s community meetings. When we asked Chief Amos, he said the meeting has been organized by Mncedisi Soxujwa from Rural Support Services “*calling all the chiefs and the headmen together with community members*”. Although there appeared to be misunderstanding, our attendance of this meeting was based on being informed that chiefs have been waiting for us from 9H00 in the morning (although aware that we left East London, 4 hours away at 10 am as planned).

The selection of villages and representatives to attend the CLTS training and triggering was questioned by the chiefs from various villages, one of whom claimed that the people selected to attend the training workshop in Coffee Bay were old people who are pensioners. Despite this claim, we knew that the 3 who were expected from the selected village of Madogogeni were not old (as we had met them in person and explained the purpose of their attendance).

However, the chiefs decided to select certain people for the CLTS Training and to propose additional Villages for Triggering. Their proposition was to empower people to be able trigger their villages with the knowledge learnt from the training.

We therefore presented the list of villages received from Rural Support Services to the chiefs indicating those selected during Pre-Triggering. We had chosen villages that are smaller, using a Ranking Tool indicating favourable conditions, to start before expanding based on progress.

Although Samuel Musyoki , the CLTS Trainer from Kenya, advised chiefs regarding triggering according to time and size of the learner group, explaining that villages with lots of sub villages would not be suitable and that we are still introducing the project, he also stated that we “cannot go against the chiefs as they may stop the process”. As there was clearly confusion about the basis for selecting villages between chiefs, he suggested we should leave the room while they sorted out their choices.

The chiefs then decided on the following villages: Zikholokotha, Phuthuma, Zele, Khotyana, Rhoboxeni, and Mgojweni. The chiefs and the CLTS Trainer agreed on these six villages and (a limit of four) participants for training and triggering – as selected by the chiefs.

The chiefs had selected six large “villages” which turned out to be areas containing a number of sub-villages. Translation requests by the lead researcher were set aside as “too difficult”, the absence of the local NGO (RSS) at this unexpected meeting and the guest trainer’s dominant claim that “chief’s may block the process” if we did not agree to their proposed villages culminated in compromising the Pre-Triggering selection of small and manageable villages in Zikolokhota and Mncawasa West as case study.

## **Appendix 2: CLTS Triggering and Community Report Backs on Action Plans**

During the CLTS Training, four community members who had been selected by the chiefs (see Appendix 4 B) were separated into a focus group by the trainer. The reason was that these participants were not able to benefit from the training sessions, due to the English/Xhosa language barrier and time constraints for adequate translation.

Parallel sessions were conducted with the community group who accompanied the training programme. They were asked to select four out the six “villages” selected by the chiefs of the area. Clarification of the larger area “village” chosen by the chiefs and the sub-villages contained therein began to emerge more clearly at this stage.

Villages were chosen by this group, who then sketched maps of each, indicating layout as well as the scale in terms of approximate numbers of households. They also undertook and decided how to convey the rationale as due to limitations of the number and size of facilitation teams (2 teams) and number of days available (2). This group chose four of the six larger village areas for visiting and triggering on 23<sup>rd</sup> and 24<sup>th</sup> August.

The group was also asked to identify potential champions and those who should be informed of events by drawing up a list with contacts. They undertook to invite local leaders (chiefs and headmen) to a report back session, reported below.

### **Community Report Back on Triggering: 25 August 2011, Coffee Bay Conference Centre.**

After Triggering was completed, Natural Leaders who agreed to report back on Triggering were collected for this purpose. They were asked to share their experience in relation to the CLTS Triggering exercise that took place in their villages that week, their Open Defaecation Maps and the resolutions that they came up with. (Refer below for participants)

**Table 1: stakeholders Invited for the community Report Back**

<b>Names</b>	<b>Organisations</b>	<b>Type</b>	<b>Roles</b>
Nontsikelelo Qhweta	ZIKHOLOKOTHA	community	Natural Leader
Sibatubatu Qhweta	ZIKHOLOKOTHA	community	Natural Leader
Salie Peck	ADM	Municipality	Observer
Vhulinkethe Zunguzane	Zikholokotha	Community	Traditional authority
Xhalisile Gwebityala	Phuthuma	Community	Traditional authority
Booi Peteni	Mgojweni (Madi)	Community	CDW/Natural Leader
Zukiswa Mbhoma	Mgojweni(Lower Mhlothe)	Community	Natural Leader
Dalingqini Xingile	Sirhoboxeni	Community	Natural Leader
Nofikile Qobo	Sirhoboxeni	Community	Natural Leader

## Appendix 2 A: Phuthuma Village Community Report back

**Sub-Villages:** Zele, Phuthuma, Matamama

**Presenter:** S. Nokubele

**Natural Leaders:** Seyiwani Ntoyaphi, S Nokubele, G Mpande

### **Action Plan:**

<b>Villages</b>	<b>Digging pits for toilet construction</b>	<b>Start building toilet structures</b>	<b>Open defaecation free</b>
Phuthuma	25/08/2011	Date not discussed	31 /01/2012

The presenter explained that on 23<sup>rd</sup> August visitors were in their area. Community members were all invited by the traditional authority to attend a very important meeting. He explained that although they were not quite sure what the meeting was all about; by the end of the day it had proven a very valuable and necessary meeting to our community and the community was excited about this initiative. The Natural leaders of Phuthuma Village then shared their village map indicating their households(green) in relation to other “important” infrastructures such as schools(green), roads(red), clinics and areas where they defaecate(pink dots).



Figure 2: Open Defaecation Map of Phuthuma Village

Mr. Nokubele elaborated on the map and the significance of pink dots showing that people just shit everywhere. He explained that there is so much shit all over the place ““esigidi ne sigidi” of sugar bags of shit”. The presenter explained that his community decided to start digging toilet pits the following day and invited facilitators to come and see progress by the end of September. One of the participants has asked if the village will be ODF if the toilets at school are full and unusable. The trainer responded that ODF status includes schools, churches, clinics and shops.

He then added by saying that the visitors (team) have open their (community members) eyes to take the issues that matters the most into consideration and take action to make “impilo enqhono” for them.

**Appendix 2 B: Zikholokotha Village Community Report back**

**Sub-Villages:** Khweleni, Nkosibomvu

**Presenter:** Sibatubatu Qhweta

**Natural Leaders:** Nontsikelelo Qhweta, Sibatubatu Qhweta, Benele Baloni

**Action Plan:**

Villages	Digging pits for toilet construction	Start building toilet structures	Open defaecation free
Zikholokotha	29/08/ 2011	Date not discussed	31/01/2012



Figure 3: Open Defaecation Map of Zikholokotha Village

The village report back was summarized to Action plans. They said they will start digging trenches and they invite the facilitators to come see the progress by the 30<sup>th</sup> of September. They said the reason they have come to this decision is because after the team have visited their village they have realized that they were eating their own shit.

The chief has asked, “how about people who already have their own toilets?” Samuel Musyoki has responded that our plan is to end open defaecation, for people who already have toilets, their responsibility is to clean and to make sure that they use them. He also said that he actually feel pity for people who already have toilets and still are still eating shit by drinking contaminated water, so it will be a good idea to help everyone to stop open defaecation.

**Appendix 2 C: Mgojweni Village: Community Report back**

**Sub-villages: Madi, Ndungunyeni, Upper Mhlothe, Lower Mhlothe, Mgojweni**

**Presenter:** Booi Peteni

**Natural Leaders:** Booi Peteni, Zukiswa Mbhoma, Mxolisi Mahlangu, Nosayinethi Bhoma.

**Action Plan:**

Villages	Digging pits for toilet construction	Start building toilet structures	Open defaecation free
Mgojweni	27/08/2011	Date not discussed	31/01/2012

The presenter elaborated on the map shown below (Figure1) illustrating the village and showing water sources, rivers and ponds, houses and defaecation areas (yellow dots).



**Figure 1: Open Defaecation Map of Mgojweni Village**

Booi Peteni did the presentation on behalf of all the natural leaders listed above for Mgojweni village and its sub-Villages. He thanked the team of facilitator and the organizers of the “project” to have invited them to the report back ceremony and also for making their village to be part of this great success. He explained that “I kati emhlophe ihamba ehlungwini”, which is Xhosa idiom of emphasizing that everything is crystal clear about what the community have to do about their state of sanitation in their village.

He explained that the villagers were given the opportunity to reflect on the issues that matters the most in their lives. He stated that they have been waiting for many years for someone to feel pity for them and do something for them while they themselves have the capability to make a difference.

He further explained that they have decided to take action because the children are becoming sick and dying of diarrhea and other unknown diseases that are caused by poor hygiene practices in the area. He said that most people have “amaqakuvha” (sores) all over their body especially in and out of their mouths because of drinking dirty water. He elaborated that these wounds takes time heal because most people do not have source of medication, clinics and hospitals are very far, you have to spend lot of money to go there, that is why most people just stays at home when they are sick.

Peteni explained that the people of in his village has decided that they are going to start digging pits for latrines on the 27<sup>th</sup> of August. They decided that they will build these toilets within their own means, it government would provide toilets sooner or much later, at the mean time they will stop open defaecation.

Booi Peteni further emphasized that it is very important to include all the stakeholders to this process. He suggested that this information should be shared with the chief and all headmen, ward councilors and committees as well as all the community members that were not there during triggering.

**Appendix 2 D: Sirhoboxeni Village Community Report back:**

**Sub-Villages: Zikhewu, Sirhoboxeni, Flamde**

**Presenter:** Nopostile Khroji (Xingile)

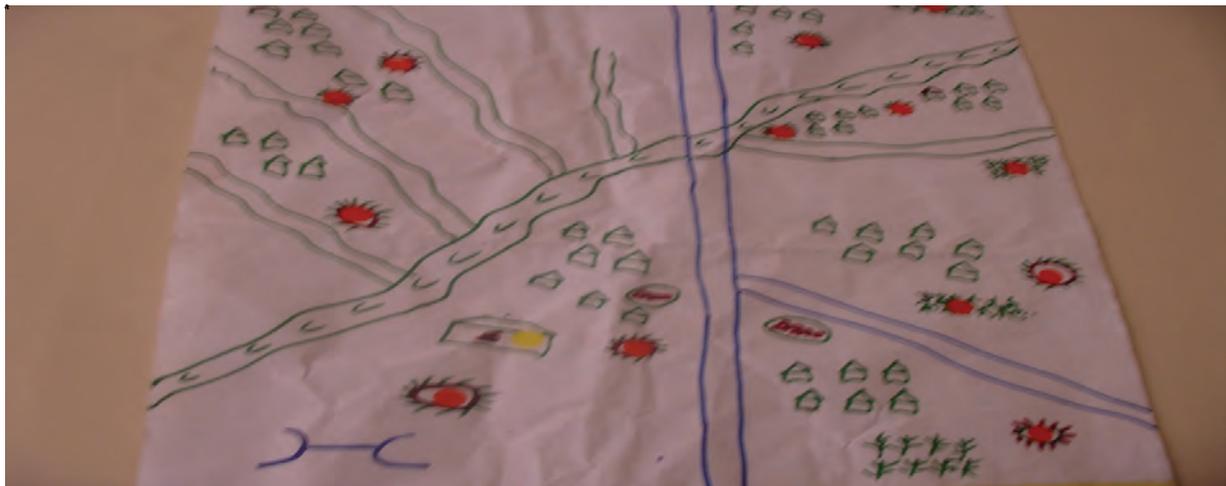
**Natural Leaders:** Nopostile Xingile, Dalingqini Xingile, Nofikile Qobo

**Action Plan:**

Villages	Digging pits for toilet construction	Start building toilet structures	Open defaecation free
Sirhoboxeni	30/09/2011	1/10/2011	28/02/2012

The chief introduced the natural leaders saying that he had developed an understanding for people to learn about their situation. He then gave over to the Natural leader to present.

The natural leader have presented the map of their village with the dark orange dots being defaecation sites, households (green) water sources (blue).



**Figure 4: Open Defaecation Map of Sirhoboxeni Village**

He further explained that most households in the village do not have toilets, and there are only two or three households that have toilets. He further explained that they defaecate in the open, maybe near the water sources. As a result people got sick. He also explained that the government has promoted the water tanks because they realized water is the issue.

He further explained that yesterday showed beyond doubts that open defaecation spread diseases.

They decided that every household will dig a pit and put the top structures from the 01<sup>st</sup> of October and the aim to be ODF community by the end of October.

Samuel Musyoki have then asked the Natural leader what the dangers of defaecating in the open were, the natural leader have responded that there were not any. Booii Peteni (a natural leader from Mgojweni village and a CDW for Mbhashe municipality) have answered that there are cases of people get raped because they to defaecate in the isolated areas where there are bushes and there is a high risk of being cornered.

Samuel Musyoki has congratulated the people from the villages for exhibiting what have moved them. He further explained that he sees passion and determination. He further said that from what he hears he can clearly acknowledge that the action has begun. He further explained that, that is the first step to making history of being the first village in South Africa to make your village ODF. He further asked the villagers if they have ever asked themselves as to what are their individual roles in moving this forward.

Samuel Musyoki further encouraged the participants by telling them that they have to take action that will ensure that all households will make an effort. He further explained that the primary role lies within the community; they cannot keep on waiting when people are dying. He also told the natural leaders that he will be waiting for the first village to achieve Open defaecation and he will come all the way from Kenya to come and celebrate with them.

**Attachment 1: CLTS Community Report back participants: 25 August 2011**

	<b>NAME &amp; SURNAME</b>	<b>ORGANISATION</b>	<b>TYPE</b>	<b>ROLES ON TRAINING</b>
1	Notsikelelo Qhweta	ZIKHOLOKOTHA	COMMUNITY	Natural Leader
2	Sibatubatu Qhweta	ZIKHOLOKOTHA	COMMUNITY	Natural Leader
1.	Salie Peck	ADM	Municipality	Sanitation Manager
2.	Vhulinkethe Zunguzane	Zikholokotha	Community	Traditional authority
3.	Xhalisile Gwebityala	Phuthuma	Community	Traditional authority
4.	Booi Peteni	Mgojweni (Madi)	Community	CDW/Natural Leader
5.	Zukiswa Mbhoma	Mgojweni(Lower Mhlothe)	Community	Natural Leader
6.	Dalingqini Xingile	Sirhoboxeni	Community	Natural Leader
7.	Nofikile Qobo	Sirhoboxeni	Community	Natural Leader

### **Appendix 3: Natural Leaders: role and profile**

Immediately after CLTS Triggering, participating community members were asked to identify *Natural Leaders (NLs)* who would be responsible for reporting back on Triggering and Action Plans to champions invited to a Community Report Back, on 25/08/ 2012. At the Community Report Back session, NLs undertook to encourage communities to achieve *Open Defaecation Free* status and monitor progress according to their *Action Plans*. Chiefs and headmen in attendance supported the NLs and their role. NLs selected for each larger Village are profiled below.

#### **Natural Leaders Profile:**

**Profile Age symbol: 18-35 Youth (Y) ; 36-50 Adult (A) ; 51-and over = Mature (M)**

**Gender: Male (M) or Female (F)**

#### **ZIKOLOKOTHA Village: Chief Jongindlovu Mdunyelwa**

<b>NATURAL LEADER</b>	<b>SUB VILLAGE</b>	<b>GEN DER</b>	<b>AGE:</b>	<b>ORGANISATION AFFILIATION</b>	<b>SKILLS and EXPERIENCE</b>
Nontsikelelo Qhwetha	Khweleni	F	Y	Methodist Church IEC	CWT (Agriculture project)
Sibatubatu Qhwetha	Khweleni	M	M	District court speaker , Methodist Church	
Benele Baloni	Khweleni	M	M	Pastor (Apostle)	Agriculture

**Cegcuwana** and **Kweleni** are sub villages of the larger Zikolokhota Village. Mr S. Qhwetha is the speaker in District court, and his daughter Nontsikelelo is very active in community engagement. Mr Benele Baloni works hands on with Mr Qhwetha in both villages.

#### **PHUTHUMA Village: Chief Vulinkethe Zunguzane**

<b>NATURAL LEADER</b>	<b>SUB VILLAGE</b>	<b>GEN DER</b>	<b>AGE:</b>	<b>ORGANISATION AFFILIATION</b>	<b>SKILLS and EXPERIENCE</b>
Seyiwani Ntoyaphi	Zeze	M	M	Pastor – Methodist Church	
S. Nokubela	Matamama	M	A	Member District Court, School Governing Body, sub headmen.	
G. Mpande	Ncityana	M	A	General Secretary in Methodist Church	

**Matamama, Zeze, Thafeni and Ncityana** are four sub villages under the larger Phuthuma Village. Mr. S. Nokubela who attended the training in Coffee Bay on the basis of his idea of the CLTS in his village he works with Mr. G Mpande an old man suffering from sore legs and knees and Mr Ntoyaphi he is not always available, therefore Mr. Nokubela is doing everything in all these villages In **Thafeni, Mr Z. Yoyo** was selected to look after the process but he still works together with Mr. Nokubela and the other natural leaders.

**MGOJWENI Village: Chief Xhalisile Gwebityala**

NATURAL LEADER	SUB VILLAGE	GEN DER	AGE:	ORGANISATION AFFILIATION	SKILLS and EXPERIENCE
Booi Peteni	Madi	M		Community Development Worker (CDW)	
Mxolisi Mahlangu	Madi	M			
Zukiswa Mbhoma	Lower Mhlothe	F	Y	Volunteer	
Nosayinethi Bhoma	Lower Mhlothe	F	M	Member of church	

**Lower Mhlothe and Madi** are the sub village under Mgojweni village the Natural Leaders selected is Mr Peteni who is the Community Development Worker (CDW). Zukiswa Mbhoma, Mxolisi Mahlangu who participate in a lot of community projects and Nosayinethi Bhoma.

**SIRHOBOXENI Village: Chief Xhalisile Gwebityala**

NATURAL LEADER	SUB VILLAGE	GEN DER	AGE:	ORGANISATION AFFILIATION	SKILLS and EXPERIENCE
Nopostile Xingile	Fulamde	F	M	Church	General Speaker
Dalingqini Xingile	Fulamde	M			
Nofikile Qobo	Sirhoboxeni	F	M	Church	

In Fulamde the only sub village of Sirhoboxeni they selected Nopostile Xingile, Dalingqini Xingile and Nofikile Qobo, who always show interest and participate in Community meetings.

**KHOTYANA VILLAGE: Chief Amos Zunguzane**

NATURAL LEADER	SUB VILLAGE	GEN DER	AGE:	ORGANISATION AFFILIATION	SKILLS and EXPERIENCE
Athi Gwebityala		M			
Nompendulo Ndawo	Magogotheni				
Sinethemba Xhakaza	Magogotheni				
Liyemka Siqabu	Magogotheni				
Zakhe Gela	Nditya	M			
Sicelo Damba	Nditya	M			
Nomfezeko Dyuphana	Sizinden	F			
Mbambani Singele	Sizinden	M			

## **Appendix 4 A: CLTS Training and Triggering – Researchers’ Diaries**

During a lead time of two months for distributing invitations with information on the pilot and case study, recruitment of learner applicants was based on their applications and written motivations. Final selection was influenced by their field of practice, stated experience and position to provide follow up support to triggered communities, resulting in a predominance of Eastern Cape role players in the first CLTS Training in South Africa. An additional four learner places were negotiated by chiefs for training local residents, with the intention that their role would be to acquire skills and liaise with area traditional leaders.

IDS (UK) had accessed and provided support for Samuel Musyoki (Kenya) who led the facilitator training programme, and Petra Bongartz (UK) who provided materials and back support to Samuel. Training was embedded in the first CLTS Triggering of villages, conducted on two of the training days. The 5-day event was conducted at Coffee Bay Hotel Conference Centre, between 21-26<sup>th</sup> of August 2011. The research team dealt with coordinating participants, logistics and capturing the experience as data presented in Appendices 4 A-D.

The design of the training programme, as well as CLTS Triggering exercises, was given by Samuel. The lead researcher did not play a role in shaping the training content apart from drafting a working programme outline (see Attachment 4B 1).

Trainees were requested to arrive at Coffee Bay Hotel before 16:00 on Sunday 21st of August 2011. Although telephoned on the previous day to confirm arrival time for the first training session, most government officials did not arrive at the venue on time. One participant official arriving three (3) hours late, said she was not expecting to start training on that day because she was very tired from driving all the way from East London. Most community members and NGOs arrived on time for the first session.

Researchers observed the training and facilitator teams in the training and at four villages. Apart from capturing the training component, the lead researcher provided feedback from observations for team reflection on field exercises in two villages, while assistant researchers were allocated to each of two groups. Research Diary notes in this appendix are collated as summary reports of observations by researchers.

**Day 1: Sunday, 21 August** (Session of 2 hrs: 16:00 to 18:30)

### **Introduction to the pilot study**

Deborah Cousins gave a presentation of the pilot study in the context of South African Sanitation Challenges, based on literature review, highlighting the following issues:

- Still a backlog despite the accelerated toilets delivery and increased funds;
- Subsidy expectations have not materialized in many isolated rural areas;
- There is increasing vulnerability due to water borne diseases;
- Health and Hygiene Awareness remains an add-on to toilets delivery;

- Operation and maintenance is still not taken into consideration;
- Poor qualities of latrines structures, or very expensive designs, are provided by paid contractors.

One of the trainees (NGO) asked: “*Who is going to take the responsibility to train the communities about CLTS, or is CWSS going to do this training?*”. After explaining that CLTS Training and Triggering in the first case study of the research project will explore the methodology in a South African context, Deborah Cousins introduced Samuel Musyoki of Plan Kenya as the CLTS Trainer, assisted by Petra Bongartz of IDS.

### **Introduction to CLTS Training**

The trainer asked participants to meet their fellow participants by introducing themselves as well as the last time they did a shit in the open. After these one-on-one introductions he asked the participants to share “*how they felt sharing about the last time they defaecated in the open?*”. Some responses included: “*I feel good sharing because it is natural*”; “*it is part of our health*”.

Petra Bongartz pasted a news print in the wall to capture local crude words that refer to “*Shit*”, which included: “*ikaka*”, “*Ukunya*”, “*Ituvi*”, and “*Ilindle*”. Participants were told to get used to using these words as they will be used very often in this methodology.

### **Expectations of CLTS Training**

The following questions were addressed to participants who were given colored cards for sharing their responses:

- What do you hope to gain from this training?
  - ✓ *I hope to learn more on the improvement of health and hygiene awareness*
- What do you hope to contribute?
  - ✓ *I wish to share my experiences with working with communities and working in sanitation programmes*
- What do you think may hinder the realization of the purpose?
  - ✓ *Stereotype attitudes*

The Trainer responded by explaining what this training can and cannot do. He then presented the overall training agenda, responding to participants’ expectations, as:

- Introduce participants to the concept of CLTS: Rational and key Principles.
- Learn specific methods, tools and how to use them practically to trigger communities and support them to obtain ODF.
- Apply the tools in selected villages, share experiences, challenges and lessons.
- Plan way forward for the CLTS Pilot study.

He explained that on Day 5 there will be Community Report backs from the Triggering experience. Participants were requested to suggest people who may be champions of CLTS in

South Africa to be invited to the Community Report Back Session on 25<sup>th</sup> August – Venue to be confirmed. Some suggested names and contacts were:

- Salie Peck ----OR Tambo District Municipality Water and Sanitation Practitioners
- Babongile Mhlongo--- Eastern Cape Provincial Department of Health
- Archie Kambi ----- Amathole District Municipality
- Andiswa -----Regional Environmental Health...072 138 4187
- Amathole District Municipality ISD managers
- Thelee Phahlele

## **Day 2: Monday 22<sup>nd</sup> August**

### **Session 2: Introduce participants to the concept of CLTS: Rational and key Principles.**

The trainer reviewed the previous CLTS introduction, summarized as follows:

- Participatory and learning approach is based on enhancing the negative emotions i.e. embarrassment that will yield corresponding positive emotions.
- A positive response from elsewhere was “only dogs should defaecate in the open”.
- Some people have realized how embarrassing Open Defaecation is – for example: “it is not dignifying when we have visitors”.
- In some counties they have associated shitting in the open with illnesses, low productivity, costly medical treatments and death.

One participant was too disgusted to look at the pictures of shit in the presentation anymore. When asked what was wrong she explained that: “I can’t look at that but I can listen to you”. The trainer emphasized that this particular reaction is the underlying hypothesis for the CLTS. He explained that: CLTS aims at a high sense of disgust and embarrassment so that no one will stay unmoved. This approach hold a power to ignite people to say “no to shitting at the open” and use their resource (without subsidies) to make a difference.

He emphasized that when people are confronted by the crude reality of their Open Defaecation practice their collective action is inevitable. Natural leaders are people who emerge because they want to bring about change. Peer pressure is one of the elements that work effectively as all are affected so all must act. He motivated the teams to start using crude words for shit in local languages as a way of practicing for their application of CLTS tools.

The trainer emphasized that household material subsidies have failed transformation and induce an attitude of external dependency, noting that communities have abandoned responsibility because governments have been involved in their sanitation programmes.

Questions from participants after the CLTS presentation were:

- “Can CLTS be used in place of the existing PHAST project?”
  - ✓ We need to be careful on how we use this approach, as mentioned earlier the aim of the approach is to be different from PHAST, not to teach people.

- “Toilet subsidies are a reality in the South African Sanitation Context and it is a good thing, how is CLTS going to work within this reality?”
  - ✓ There are many examples of countries that have had subsidies i.e. Bangladesh but people were not using them
- “Wont communities resent this approach by feeling that they be losing out on the benefit?”
- “Isn’t this project sensitizing the communities to prioritize sanitation?”
  - ✓ the purpose of the approach is not getting communities to build toilets, but getting them to change their behaviour

Regardless of motivations to get used to using crude words for defaecation, some participants were not comfortable with these words. One participant explained that since she was young, she never used those words because it is labeled as being disrespectful. Petra Bongartz responded with “silence is more deadly. If you don’t speak about it, there is nothing you can do about it”.

### **Session 3: Learn CLTS methods/tools and how to use them practically to Trigger communities and support them to achieve ODF status.**

Community participants were separated into a community focus group by the trainer. A parallel session was facilitated by tasking the four men selected by the chiefs to:

- Create maps of the villages selected by the chiefs and help to select 4 suitable villages of the six put forward by the chiefs
- List those who should be invited to a Community Report back and provide contacts
- Accompany teams to villages they are associated with for the fieldwork days

The trainer highlighted that there are three steps to the processes namely;

- **Pre-Triggering:** a preparation stage wherein stakeholders’ buy-in is acquired and favorable conditions are weighed and considered before the process of Triggering.
- **Triggering:** a process where CLTS tools are applied and communities realize their need for Open Defaecation Free society.
- **Post Triggering:** Open Defaecation Free Verification and ODF Celebration

Samuel asked participants to share some PRA tools they may have used before. Those were:

- Mapping
- Transect walk
- Seasonal calendar
- Use of other visual tools with communities for them to analyze their situation

The trainer explained that PRA tools are used differently and facilitated differently in CLTS. **Community Mapping** is prompted by asking: ***Where do you live?***; and ***Where do you shit?*** The community maps their inhabitants, indicating water sources, schools and essential features in their village before tackling the key issue of where people defaecate. Local available materials (leaves, leaves, stones) or coloured powder may be used to indicate OD places. He

explained that drawing maps on the ground is perfect because people will not lose confidence – one makes mistakes on paper that are difficult to erase.

The next exercise is **Shit Calculation**, estimating quantities produced per household, per week, per month. Asking **How much shit per day?** is followed by calculating how much per week, month and year to realize that there is lot of shit produced in the village.

Subsequently they start thinking about where it goes and naming those routes. Questions asked next are: **How does that shit come back to the community? How does it affect them?**

A **Transect Walk** follows, asking community members to take the facilitators to show them where people shit and during the walk for facilitators to ask questions that will disgust or embarrass the community members. i.e. *“Is this man or woman’s shit?”* The team is also to collect some fresh shit from the walk and bring it back to the community meeting.

The **Triggering moment** is where a facilitator offers bottle of water to people at the gathering, after which he **demonstrates contact with shit in the water**, and again offers it around. The trainees were warned that at this moment they should expect all sorts of reactions, from embarrassment to disgust or even anger. He explained that in his experience after the triggering moment he has been called names.

Letting people come to their own conclusions and avoiding telling them what to do is important. The question to pose is **What do you want to do?** He explained that after this exercise there could be four different responses, which may be described as:

- *Matchbox in gas station....* The community is very enthusiastic about changing their way of living and they start taking action immediately
- *Damp matchbox ...*communities were not triggered
- *Scattered sparks...*there are some few people who are triggered
- *Promising flame...*enough people who are triggered and there is promising signs that they will take action and start spreading.

The question, **When do you want to stop?** triggers immediate decisions for **Action Planning**.

Participant comments and questions evoked responses from the trainer, as follows:

- Subsidy approaches have their own disadvantages and may delay ODF.
- After 10 years of using PHAST in Kenya, which is more a teaching and quite didactic approach, the effects have been minimal. PHAST became a cash cow. It is slow and structured compared to CLTS.
- CLTS is very fast – participants can hopefully compare this week, but it does not stop at the Triggering. Issue that arise come in in a way that is led by the community vs. teaching and not knowing if they have understood. CLTS integrates hygiene behaviours in change.
- Neighboring villages may pick up on activities.

- How much money is used for materials – what is the real cost of the subsidy? The trainer suggested that as evidently “people have built their own houses without government, so surely they can build their own toilets”.
- CLTS is a challenging our wisdom and moving decisions and actions into the hands of communities themselves.

**Post –Triggering** was explained as follow-up support, the monitoring of community action plans, documenting and recording. Immediate reactions and unthought of inventions arise out of community creativity in action.

**Open defaecation Free (ODF) Verification** is one of the essential elements of this step. Key Steps for **ODF Verification** are:

- Verification Checklist
- Open Defaecation Free claim by the village team
- Verification by the Panel
- Verification by a third party
- Open Defaecation Free Certification

Government subsidies and options, as well as O&M issues were raised by participants. The Trainer suggested a sanitation ladder with an entry in simply covering faeces and reducing flies. Councilor roles, tender processes and the policy review were noted as South African issues. *“Who will worry about it? The community, not You.”* Investing less and achieving more, training artisans can also waste resources as the question of who buys the service remains key. *“When communities come up with a process it continues rather than finishing when the contractor is finished.”*

#### **Session 4: Field-Trip Preparation**

The participants formed two groups’: one of males and one of females for dry runs of **Mapping**. The practice session gave participants a chance to experience mapping with the use of local available material and ways to facilitate. After this exercise they returned to the conference room where new two facilitator teams were formed by considering:

- Gender balance between the teams
- Organizations represented in order to get different perspectives.

The trainer referred to Do’s and Don’ts and guided facilitation, emphasizing that:

- Have the words at hand – questions are simple.
- Not an educator role
- Be confident

The two teams then planned and prepared for their fieldwork, guided by the following:

- What are we going to do?
- How are we going to do it?
- Social contract – signs to give each other as support

- Share roles and responsibilities
- Code of conduct

### **Group 1: Facilitation Team**

Apart from assistant researcher Phindile Sabela-Rikhotso (assistant researcher), group team members were: Mncedisi Soxujwa, Nqe Dlamini, Lusanda Salman, Kunjuzwa Ngethu, Yolisa Ngqono, Pumla Kuswayo

Team members were delegated one of the following roles and responsibilities:

- Facilitation
- Notes taking
- Leadership
- Logistics

### Village Triggering Agenda for Group 1 (23 August 2011)

1. Introduction: The group discussed that they will introduce the purpose of the visit as follows “we are here to learn about the state of sanitation in this area”.
2. Processes to be used the following day :
  - ✓ Community Mapping to achieve the village Profile
  - ✓ Shit Calculation
  - ✓ Problem Tree to trace the routes and to involve communities to explain how the shit calculated in the previous exercise comes back to affect them.
  - ✓ Transect Walk for communities to show the team where they shit.
  - ✓ Triggering
  - ✓ Action Plans and Natural Leaders

The team explained that they will be recording the proceeding of the whole exercise to note what went well, what did not and the lessons learnt during the process.

### **Group 2: Facilitation Team Members**

Apart from Nolufefe Ngaye (research assistant) the group consisted of Febbie Masangu, Busisiwe Ndibongo, Nonkosi Titus, Mkhangelisi Maseti, Buntu Dumezweni, Nombulelo Sobuwa.

### Group 2 Village Triggering plan

### **Reporting back on Triggering**

The following format was provided for team report backs:

Village:

Date:

Results:

- Profile of the Village
- Resolutions / Action Plan
- Names and Contacts of Natural leaders
- Community Report Back Plan – arrange time, getting there and venue

Take pictures.

Record community quotes.

Transfer Map and Diagrams from process – leave one Map in the Village.

**Day 3: Tuesday 23<sup>rd</sup> August**

**Session 5: CLTS Triggering in 2 villages ( Phutuma and Zikholokota)**

### **Phutuma Village Triggering: Group 1**

As the team's vehicles entered the school grounds classes of small children were let out in groups to relieve themselves on the grassy area beyond a playground, just below classrooms.



**Figure 4 : evidence that school children are not using the facilities provided**

It was noted by the team that although school toilet structures were in good condition they were not used. Children's faeces was found on the ground outside of toilet seats. Pits did not appear to be full, but this may be further investigated. Teachers' toilets were in use.

A community meeting was convened at Phutuma primary school. A chief and headman were clearly playing a key role in bringing people together as a register was circulated and checked against a list of people expected to attend.

Phutuma school is situated next to the main road at the turn off to the previously selected Mncwasa villages. It was not clear where villagers came from, although initially parents who had come to a school meeting joined the group. Many of these left after the meeting, or wandered off during the Mapping, explaining that they had come to the school for another meeting.

A Pastor opened the meeting with a prayer while others took a roll-call and apologies. It appeared to be formally set up. The Chief introduced the facilitation team who were asked to explain why they were visiting.



***Figure 5: Community meets on fields behind Phutuma Primary School***

The team person designated for this task described the training and introduced each member by name and organization. She also explained what the team wanted to do. In this way the triggering processes were pre-empted by mentioning toilets and ikaka. When discussion about toilets ensued she requested a workshop rather than meeting format, and asked people to cooperate.

For **Open Defaecation Mapping** the team divided men and women – both facilitators and community members – into two separate mapping groups. At 10:50, 50 minutes after the meeting was convened the mapping exercise was initiated. At the layout stage there were 18 women actively engaged in Mapping the large Village area. Another 15 women were conversing with interest, while 22 women were hanging back or passing by and chatting. Facilitators instructed them to collect leaves, sticks and stones to map. Queries regarding the boundaries of smaller villages were not shown on either of the Maps.

The smaller men's group (of 25 people) 5 or 6 were actively map making. They took much longer to finish their mapping, so the women proceeded to **calculating how much shit they produce**. There was much laughter and lively conversation. Some women were asked by the facilitators to transfer the map while waiting for the men to finish. Calculation of the amount of shit produced was accompanied by spontaneous clapping.

At that point (11:46), during lively conversation, a Problem Tree was presented as a PHAST Tool by a DWA learner-facilitator – this was part of the team's agreed planning. The researcher observed a clear break in momentum between Mapping and Triggering as about 60 people re-convened as an audience to face the presenter so as to observe and hear what she had to say.

The Problem Tree was illustrated on a pre-drawn chart and posted on a classroom wall. In the middle of this session, audience attention was diverted by the arrival of a community participant with fresh shit to show participants. She was asked to cover it with paper until the Problem Tree had been explained. The team appeared to be annoyed by this interruption of their plans.

The **Transect Walk** was carried out by a small group of half a dozen people, after consultation with the chief about directions to walk in to find OD. People waited around until they returned a half hour later, after which (at 12:26) a **demonstration of contact between fresh shit and food was carried out** by facilitators. Triggering was evident during this exercise.

After being asked: **What do you want to do now?** discussions were distracted from the topic of shit into a chaired meeting about toilets before questions were clearly posed to establish whether community participants proposed an Action Plan. The “ignition moment” became reminiscent of leaders trying to convince people with their rationale.

Nevertheless Mr Nokobela was asked to report back on Triggering and an Action Plan as a **Natural Leader**.

### **Zikholokotha Village Triggering: Group 2**

Community members were waiting for facilitators to arrive when the team got to Zikholokotha Primary school. The school principal allocated a classroom where the facilitators introduced themselves and the project as a research study project wanting to find out about water contamination. The facilitator made it very clear that the team is not government offering anything like the subsidy toilets.

The facilitator then asked the communities the last time they defaecated in the open they all answered the last time was on that morning then the facilitator asked them the names of Shit given as Ikaka, Ukunya, Umrhudo, Uthuvi, Toilet, and they do it under their gardens, where there is long grass on the slopes even behind the houses when its dark at night and they know that in the morning all that will be eaten by their pigs because pigs usually hunt for it.

For **Open Defaecation Mapping** people were asked to go outside to show on a map where they shit. The youngsters were the ones who were doing the mapping but headmen and old people wanted to see each and every house on the map.



Elderly people point their walking sticks onto the map to identify springs and rivers that cross in the village. They also explained those are the kinds of places where people defaecate next to the rivers.

**Figure 6: OD Mapping in Zikholokota**

After Mapping people went on a **Transact walk** to look for fresh shit, which was found right next to the stream where people fetch their water and brought it back to school for a demonstration. The youngsters wanted to fetch the shit and bring it back to school so that people can see the impact on their lives.

**Demonstration of contamination** shocked people, who were concerned about what would happen now that the shit is brought to school. The team facilitator did a demonstration of shit contaminating water and a sandwich and asked if is there anyone who would like to eat the sandwich. She put some shit into the water to demonstrate what happens when they shit next to the river and it gets into water they drink. She asked if they would like to drink the water.



**Figure 7: Triggering response to demonstration of contamination**

People said no its better they drink it on the water from the river because they don't practically see it but already the communities were shocked and disgusted and came to realization that they really do eat each other's faeces. When the demonstration was done the facilitator asked them, ***Do they want to continue eating each other's faeces?*** or ***Do they want to do something about it?***

The facilitator asked them how would they stop open defaecation they said they will start making their own toilets some said even if they just dig the hole and cover it again with soil but they will try not to do it so visible so it easily go to their water sources. They all agreed on an action plan that they will start digging pits by the 30<sup>th</sup> of September 2011.

#### **Session 6: Reflection – Team report backs**

*See Appendix 4 C: Learner Facilitator Report backs on Triggering*

**Day 4: Wednesday 24<sup>th</sup> August**

**CLTS Triggering in 2 villages (Mgojweni and Sirhoboxeni)**

**Mgojweni Village Triggering: Group 1**

Due to windy and cold weather, the meeting was held in a classroom in Mgojweni Primary school. The meeting was opened in prayer by one of the elders. The headman apologized for the community arriving late, mentioning that he thinks is because it was cold so many people were not very enthusiastic to come out of their houses.

In the beginning of the exercise there were approximately twenty seven (27) community members. Ms. Kunjuzwa Ngethu was the facilitator of the day. She started off by introducing guests Samuel and Petra and the rest of the team as learners who have visited to learn about the state of sanitation in the village. She told participants that today everyone is going to “work”.

**OD Mapping** was started immediately, with youth drawing other community members’ inputs on the map. Most community members were emphasizing their households in the map. Although not very clear at this point, in the background talks during the exercise was one woman saying “*I do not see my homestead in this map, put it you want me to miss the toilet?*”



**Figure 8: community members of Mgojweni drawing their village OD map**

When the map was produced facilitators worked together with participants to **Calculate the shit produced** in the village. The facilitator explained that she will be taking the figure from one member of the household. She asked each and everyone in the room “How many people stay in your home?”, then asked them to approximate the amount of shit they produce per day. The community members were initially shy to participate, but as time went on, it sort of became a competition as to which household produces the most shit. The facilitator encouraged the communities by clapping for the household with the highest number and motivated those with lower numbers to eat a little bit more.



***Figure 9: community members laughing at a household producing 90kg of shit daily.***

After the shit calculation exercise, community members were asked to explain: **Where does all that shit that shit go?** Some of the answers produced were that “it is eaten by dogs and pigs”, “washed to the river by rain”, and “is left in the forest and be buried”. The facilitator has then asked the participants, **“How does that shit come back to the households?”**. Some explained that it comes back with flies, or dogs which come back to lick their dishes and their hands and their children.

They also explained that because they do not have taps in their village, they drink water from the rivers and springs where animals also drink from and might be contaminated by shit because during the rain shit is also washed off to the water sources. The question **“How does shitting in the open affect you?”** was addressed to the participants, who explained that they get skin rash and mouth wounds because the drink water which is contaminated. One woman explained that running stomachs go on for days at a time because of drinking dirty water and flies that leave their food contaminated.

The facilitator then requested participants to take the team to the village defaecation sites. Most participants, especially the youth participated in the **Transect Walk**.



***Figure 10: Mgojweni community members showing facilitators their open defaecation sites (Transect walk)***

One of the youth asked if it was true that we are going to pick up some shit in the walk as conveyed by one of his friends who was a “community representative” in the Coffee Bay CLTS Training. Samuel Musyoki explained to the facilitators that it was a bad idea to share this information before the exercise took place. He further advised that for the future purposes situations like that should be avoided as it has potential of chasing participants away.

The youth led the team to open defaecation sites where Samuel started a discussion about colors of shit in relation to food eaten as well as whether the particular shit found belonged to a male or a female and which produces the most shit. On the way back to the schools some shit was collected to take back to the meeting.



**Figure 11: A community member collecting shit for the Triggering exercise in Mgojweni village.**

After facilitators explained to those gathered back at the school that open defaecation sites were seen, Nqe Dlamini demonstrated **contamination of water by shit**. After they drank from a bottle of water, he took a stick to make contact with shit and then contact with the water in the bottle before re-offering it back to participants to drink.



**Figure 12 and 13: Disgust shown by participants when the facilitator offers contaminated water.**

After the Triggering moment of disgust (see examples of responses in photos above) facilitators asked the gathering, “**Do we still need to continue eating shit?**” The communities have answered “No” they cannot continue eating their own and each other’s shit. They agreed that

they will start building their own toilets of the 29<sup>th</sup> of August 2011 and they also invited the team to come and see progress by the end of September 2011.

### **Sirhoboxeni Village Triggering: Group 2**

The first point of meeting was at Khotyana high school, but as no one was there the chief re-convened the session at Sirhoboxeni primary school. While people were gathering I inspected the school toilets, which were fairly new and in good condition. A teacher approached me to explain that Grade R pupils could not use the toilets as the pedestals were too high for them – they still use the fields around the school.

The team stayed in their cars chatting until a classroom had been emptied and people arrived. A formal structure was used to open the meeting and do a roll call at 10:45. The team was arranged upfront at the blackboard and community members sat at desks in a classroom setting that was not conducive to easy participation.

When 21 men including 4 Youth, and 18 women were seated, the meeting was explained by the Coffee Bay representative. The facilitator introduced the team by name and as non-governmental.

The facilitator asked people: ***Where do you go when you defaecate?*** After someone had answered “the toilet”, an elderly man raised “going to the bush”. They discussed terminologies for such as “ikaka” and “lasese”, which the facilitator wrote up on the blackboard. After introducing the **Mapping**, the women appeared to be more responsive and verbal about talking about different names and where they shit. The mapping was delayed by listing all the names for shit on the board, so that talking about toilets in a meeting mode continued until 11:25.

The Mapping paper was set up in the front of the classroom on a table at 11:30 when people were prompted to use the materials to show where features are, rather than using the two CLTS questions. The researchers then were called away to accompany the chief to plan with the Village Khotyana, who had now gathered at the high school. On returning to completed Calculations (on the board), some children at the window presented an opportunity to the researcher who asked them to show her where they shit.



**Figure 14: Children looking in from the outside of a Sirhiboxeni Primary School classroom**



**Figure 15: Children participate in CLTS Triggering in Sirhiboxeni Primary School**

**Day 5: Thursday: 25 August 2011**

*See Appendix 5 A: Community Report Backs on CLTS Triggering*

**Day 6: Friday: 26 August 2011**

Comparison was made between the different levels of enthusiasm of teams and communities in reporting back. Teams seemed to express doubt about community capacity than the community has about themselves. In team report backs community dependency was emphasized. Did the Community Report back change their views at all?

**Reflection on Community Report backs on Triggering:**

- Natural leaders showed a lot of enthusiasm in report backs.
- They did not ask for any assistance.
- Leadership of the areas was well represented, chiefs and headmen were present.
- Traditional leadership expressed enthusiasm and support.

There was one Mbhashe CDW in the area, who suggested that ward councilors and Mbhashe municipal council should be part of this initiative. RSS reported that ward councilors of the area

were invited for the CLTS seminar but they did not come. For the community report back session the invitation was sent but there was no response from the office of the speaker. Samuel Musyoki advised that, what was decided here are decisions of the communities, therefore we should let the chiefs and the communities go forward, not await the councilors because they are of municipalities.

#### Challenges on village selection for triggering

One of the villages selected was Khotyana where there was no communication relayed to the principal of the school and the community members were not aware that there will be training on that day. The team that went there had to change the venue to another village because they stayed there waiting for people to come and the principal was not aware there was no classroom prepared for the training.

The team moved to Mgojweni village where they Triggered in a classroom because of the weather. In this case we had a challenge of communication not being channeled. As we were already started at Sirhoboxeni, Chief Xhalisile received a call to say people are waiting at Khotyana.

The team Manager had to go to the village to explain and apologize for not being able to Trigger the village at this time. She then explained to them what's the project is all about and people were so interested and they said they also want to be Triggered and they gave us a date when we should come back which was the 30<sup>th</sup> September 2011.

**Attachment 4B1: CWS  
Programme for CLTS Training & Triggering**

<b>Frid 19</b>	<b>Sat 20</b>	<b>Sun 21 (Start 1)</b>	<b>Mon 22 (2)</b>	<b>Tues 23 (3)</b>	<b>Wed 24 (4)</b>	<b>Thur 25 (5)</b>	<b>Frid 26 (end )</b>	<b>Sat 27</b>
<p><b>Confirm</b> Village contacts for meetings Trainer. <b>Depart for Coffee Bay</b> DC, PS, FN SM, PB. <i>4hrs Lunch in Mqanduli</i></p>	<p><b>Plan</b> Training Programme details: Team Roles, Field Liaison.  <b>Check:</b> Equipment. Materials.</p>	<p><b>Set up</b> Training Room &amp; Equipment, Handouts, Materials.  <b>Ready</b> Registration - list, contacts. Rooms List.</p>	<p><b>Training</b>  Exercises/ Activities.  Form Field Groups.</p>	<p><b>Preparation for field</b>  <b>Triggering 1 (3 villages)</b></p>	<p><b>Preparation for field</b>  <b>Triggering 2 (3 villages)</b></p>	<p><b>Reflection &amp; Training</b>  <b>Refine Reports</b></p>	<p><b>Planning for follow up</b>  <b>Evaluation of Training</b></p>	<p><b>Team: Evaluate Training</b>  <b>Plan Support</b> by CWSS for Support Organisation and Participants</p>
<p><b>Field visits</b>  Meet Chief Amos Z and Headmen at Villages: Arrange schedule and Invite to Meetings.  Clarify NL role</p>	<p><b>Check</b> Venue: Accom &amp; Training Rooms. Menus, Meals Refreshment Times.</p>	<p><b>Schedule</b> Teas, Dinner Arrivals and follow up. <b>TEA: 3:30 TRAINING Session 1: (4pm) Introduction Expectations</b> Attitude &amp; Behaviours. Why CLTS? <b>Evening session</b></p>	<p><b>Training</b>  <b>Meet Village leaders? (TEA)</b>  <b>Planning</b>  <b>Evening session</b></p>	<p><b>Reports on Triggering</b>  <b>Evening session</b></p>	<p><b>Team Reports on Triggering</b>  <b>Evening session</b></p>	<p><b>Community report back (TEA)</b> Community feedback  <b>Reflection</b></p>	<p><b>Participants depart –</b> after lunch  Pack up and sort data/ newsprints.  <b>Meeting: Follow up Support (RSS/CWS S)</b></p>	<p><b>Monitoring</b> of Field Follow up  <b>Planning</b> Pilot Study – ISD feedback</p>
<p>(RSS) Contacts of pp to meet in field. Pre-Arranged: who, where, when.</p>	<p>Training Team and Support Roles confirmed with Lead Trainer.</p>	<p>Translations function. Participant Profile (FN). Scribe (PS)</p>	<p>Scribe and Materials for each Group (FN, PS) Directions to Villages and Contacts (PS, RSS)</p>			<p>Pack up materials (PS, FN)</p>	<p><b>Depart Sunday</b> am drive to EL for flights out</p>	

## **Appendix 4 B: Learner Facilitators Report Back on Triggering**

Reports given on CLTS Triggering in villages each day by the two teams of facilitators in training formed part of their training. Team reports set out here are based on assistant researchers' notes during report backs.

### **CLTS Triggering Day 1: 23 August 2011**

#### **Village: Phuthuma Village**

**Team Members:** Mcedisi Soxujwa, Nqe Dlamini, Yolisa Ngqono, Lusanda Salman, Kunjuzwa Ngethu, Deborah Cousins (observer).

**Processes planned:** 1. Community Mapping  
2. Problem Tree  
3. Transect Walk  
4. Triggering

**Attendance:** Convened on the central Phutuma Primary School grounds. Attendance by community members was good and there was full participation across all age groups and gender.

**Village Profile:** The area has one school with pit latrines which are full (pits). The toilets are unusable as they are also dirty; on sits on the floor and even outside. There are no toilets in the households of this community. There is neither clinic nor hospital in the village. The households do not have running water, the fetch water from the river, dams and the unprotected streams where animals also drink.

**Action Plans:** Community members decided that they will start digging pits from the 24<sup>th</sup> of August 2011 and they will also erect top structures immediately.

**Natural Leaders:** Nozuko Lugalo, Cwilika Mpade and Zwelikhanyile Ntoyephi

**Experience with the Tools:** late comers did not understand the mission. There were also high expectations of community members towards free provision of toilets and taps. The observer commented that toilet talk was encouraged in the formal meeting set up and long discussions held before the Mapping could begin.

**Lessons Learnt:** the team members have emphasized that the team itself should learn more on the processes in order to empower the communities. They reported that introducing themselves as government officials and other organizations raised expectations of service delivery and results in communities being reluctant of coming up with a solution by themselves. The team decided that next time they will introduce themselves as students to reduce the negative energy experienced.

They reported that the transect walk should have been cancelled and they should have cut the presentation and discussions to go straight to triggering questions. The cause of the confusion

was due to one of the team members suggested a community member to collect shit and brought it back to the gathering whilst the rest of the was still going on with the presentation.

The other concern that was reported is that the chief was very much influential to his people weather that was good or not is still open to be discussed.

Some of the team, members have raised the opinions that the area is inappropriate for CLTS because there is sanitation delivery across the road which is a different district municipality.

The team also expressed that the community was not really perceive the notion of eating their own shit as a crisis because they explained it as part of their daily survival.

The observer added that the Problem Tree exercise stopped the process of triggering as people gathered to look at a Problem Tree presentation by a facilitator. She also suggested that although a couple of people asked about the provision of toilets (perhaps the late comers mentioned) general discussion was allowed to continue for far too long, in her opinion, before the processes of mapping was started.

### **CLTS Triggering Day 1: 23 August 2011**

**Village:** Zikholokoto Village

**Processes planned:**

1. Introduction
2. Village mapping
3. Transect Walk
4. Triggering

**Team members:** Nolufefe Ngaye, Phumla Khunkwayo, Febbie Masango, Buntu Dumezweni, Nonkosi Titus, Petra Bongartz, Samuel Musyoki, Mkhangelisi Maseti.

**Village Profile:** the area has the total of 52 households where the majority of them do not have toilets. The village has one school and one church with ablution block. There is high rate of unemployment especially amongst the youth.

**Attendance:** in the begging of the meeting there were 54 women and 30 men.

**Venue:** the meeting was held in Zikholokoto primary school outside the playing fields.

**Actions Plans:** the community members had agreed that they will start digging toilets pits on the 29<sup>th</sup> of August 2011. They also invited the team members to come and see progress by the 30<sup>th</sup> of September 2011.

**Natural Leaders:** Nontsikelelo Qhweta, Sibatubatu Qhweta, Benele Baloni

**Experience with the Tools:** The purpose of the gathering was explained. The team also asked the community to tell them where they defaecate and to also tell them the crudest local names used for "shit". Some of the names that were raised are "Ithuvi", "Ilindle", "Ituwa", and "ikaka".

The community members mapped their village showing households, drinking water sources, defaecation sites, schools and churches.

The villagers estimated the amount of shit they produce to be approximately 39244 “bags of sugar”. When they were asked the question of **where does all this shit go?** They explained that it gets washed to the springs where they fetch water, some of it is eaten by pigs and dogs and some of it “disappears”.

On answering the question of how does the shit come back to the households? They explained that the drink water from the springs and rivers where they shit or where the shit has been washed into. They also explained that flies also transfer shit to their food and dishes. They also explained that they slaughter and eat pigs that have also consumed shit.

During the **Transect Walk**, evidence of open defaecation has been witnessed near the school, by the river banks and not so far from the households.

**Triggering** was done by demonstrating of shit with water and with a sandwich.

**Lessons learnt:** the team explained that the introduction of the team as individuals has raised expectations that the team was bringing a sanitation project and as a result some members of the communities have seen a job opportunity hence they brought their Curriculum vitae and ID documents. The team as decided that as a results that in future they will introduce themselves as people from an NGO.

The team reported that due to these expectations, the community members were not happy about the idea of building their own toilets. The term highlighted that they felt like they had to force them to some extent for the desired outcome. The team also reported that they think that the communities are angry of waiting for unfulfilled promises.

The team reported that on their next visit they will split the facilitators into one group because having one group caused chaos during mapping. They also shared that it was not easy to control dominant members and to manage time effectively in a group as big as they had.

The facilitators also explained that in the future they will do a thorough pre briefing of the mapping exercise. They also raised that they think it will be better if the community leader would direct the mapping exercise. Other team members did not agree, saying that people shown interest and the mapping exercise went very with members of the community participating enthusiastically.

The facilitators have explained that some of the things that did not go well during the triggering exercise because of the grouping of facilitators into a female and a male group; they reported that they should have had one group. They explained that due to having more than one group, time management had become a challenge.

The male group was unable to finish their mapping exercise in time because there was one member of the community who was dominating the whole group and that resulted in chaotic mapping exercise. They came up with the solution that they will elect one of the facilitators to be

“gate keeper” to try and manage the dominating individuals and people who came to interfere with the proceedings.

### **CLTS Triggering Day 2: 24 August 2011**

#### **Village visited: Mgojweni Village**

**Processes:**

1. Community Mapping
2. Transect Walk
3. Triggering

**Team Members:** Mcedisi Soxujwa, Nqe Dlamini, Phindile Sabela-Rikhotso, Lusanda Salman, Kunjuzwa Ngethu, Samuel Musyoki, Petra Bongartz

**Village Profile:** The meeting was in Mgojweni Junior Secondary school. The School has toilets which are clean. Nearby there is also a pre-School. There is a Bulk water and reticulation development in progress. The road is a poorly maintained gravel road. There is no clinic in the area.

**Attendance:** The meeting was attended by approximately sixty (60) people with both genders and age variation well presented. Youth was well represented and this was an advantage as participation was very good. On the issue of attendance there were late comers, however they did not interfere with the triggering process.

**Venue:** Due to the wind and cold weather on the day, the meeting was held in a class room whereby community members were sat in the old-fashioned school desk.

The team reported that although the groups were not divided into two(2) groups and there was a concern with working with a group, it was a “blessing in disguise” as the proceeding were more in unison compared to the previous day proceeding.

**Action plan:** The community members have agreed that they will start pits on the Saturday the 27<sup>th</sup> of August 2011. They also decided that they will call their toilets “lindela”. Lindela is a Xhosa word that means “wait”. They decided to give their toilets this name because they consider these structures temporary while waiting for government to deliver basic sanitation.

They also invited the team members to come and see progress on the 30<sup>th</sup> of September 2011.

**Natural leaders:** Booi Peteni, Zukiswa Mbhoma, Mxolisi Mahlangu, Nosayinethi Bhoma.

**Experience with the Tools:** The way in which the team introduced themselves was great. They introduced themselves as students that are visiting the village to learn on how the people of the village live, especially about the health and Hygiene issues in the area.

The team further explained that from the previous day lessons, they applied their experience and the proceedings went perfectly and there is no need to adjust anything else.

**Lessons Learnt:** The team has explained that they learnt to deal with dominant headmen during the triggering process. They also acknowledge that because they had to use a classroom for the whole process, they had to adapt to this new environment. They explained that one step they had to adapt to, was letting the community draw the map in the chart while encouraging maximum participation.

The team also indicated that what helped them trigger without problems in the second day is because they reflected back on the previous day presentation and discussed how they could improve the following day. They also explained that on day two they were able to turn the questions that were raised by the community to effectively trigger them. Youth involvement has proven to be of the great value in the process.

### **CLTS Triggering Day 2: 24 August 2011**

**Village visited:** Sirhoboxeni

**Processes:** CLTS process used

**Team Members:** Nolufefe Ngaye, Phumla Khunkwayo, Febbie Masango, Buntu Dumezweni, Nonkosi Titus, Mkhangelisi Maseti, Deborah Cousins (observer)

**Village Profile:** the village have high unemployment rate, especially amongst the youth. Most of the households in the village do not have toilets. The village has one school and a clinic. The area also has taps installed but they do not have running water.

**Attendance:** approximately 30 people attended the gathering.

**Venue:** due to the cold and windy weather, the meeting was held in a classroom. This made the triggering difficult as residents were formally seated, far from the facilitators.

The team members further explained that during the triggering whereby shit was brought into the room, most members of the community felt offended and as a result some of them has left the room and this had a bad impact as the number of people that were supposed to have been triggered was reduced.

**Action Plans:** the community members have agreed that they finish digging of toilet pits on the 30<sup>th</sup> of September and they will start building the top structures with the local available material on the 1<sup>st</sup> of October 2011. They said that their aim is to an Open Defaecation Free village by the end of October 2011.

**Natural Leaders:** Nopostile Xingile, Dalingqini Xingile, Nofikile Qobo

**Experience with the tools:** the facilitators have explained that the triggering demonstration of using water and a sandwich is very effective. They also indicated that in the mapping exercise there was a good participation. During the team report the observer indicated that the set up was not ideal for the exercise as it created a classroom environment as suppose to the participation intended by the CLTS approach.

**Lessons Learnt:** the facilitators explained that the organisation and the publicity of the meeting was not adequate. The number of community members was low in the beginning of the meeting. Although it increased as the time went on many people had already missed the purpose of the meeting and started discussing irrelevant issues. Although the reasons were not clear many of the community members have refused to participate in the transect walk.

During the triggering moment people were so disgusted they went out of the classroom where the meeting was held. The team has reported have explained that one of the greatest lessons they learnt is the usefulness of proper communication.

The facilitators explained that despite of them changing how they introduced themselves they were constantly associated with government hence the subsidies discussions were very persistent. In the discussions some of the community members were determined on associating the team with the government officials. They also told the facilitators that if they cannot help them, they should take their concerns to someone whom can. Some the members of the community also raised that this team was not the first to come and tell them about health and hygiene issues and it did not make any difference , hence the only thing they are waiting for is government to come and provide basic sanitation to them.

**CLTS Triggering: second Round: 05 September 2011**

**Village:** Phuthuma primary school

**Processes:** CLTS approach

**Team Members:** Phumla Khinkwayo, Febbie Masango, Mcedisi Soxujwa

**Natural Leaders:** the school principal and 2 teachers

**School Profile:** it's a primary school from grade R- Grade 7 with more than 300 pupils

**Attendance:** all pupils attended

**Venue:** Phuthuma Primary school morning assembly venue

**Action Plan:** the decision was that there will be clean toilets that will be used properly on the 05<sup>th</sup> of September 2011. Digging of pits for the new toilets was to start on the **30<sup>th</sup> of October 2011.**

**Experience with the tools:** the triggering exercise went well with school children. They were very enthusiastic about the mapping exercise.

**Lessons Learnt:** even the school children are able to connect and trace the cycles of water contamination

**Presenter:** There was no community Report back Session.

**Natural Leaders:**

**\*\* Open defaecations maps not attached by RSS Report**

**Action Plans:**

School	Clean toilets and Use toilet properly	Start Digging pits for new toilets construction	Open defaecation free
Phuthuma Primary school	05/09/2011	30/10/2011	30/11/2011

**CLTS Triggering: second Round: 05 September 2011****Village:** Kotyana primary school**Processes:** CLTS approach**Team Members:** Phumla Khinkwayo, Febbie Masango, Mcedisi Soxujwa**Natural Leaders:** the school principal and 2 teachers**School Profile:** it's a primary school from grade R- Grade 7 with more than 350 pupils**Attendance:** all pupils attended**Venue:** Kotyan Primary school morning assembly venue**Action Plan:**

School	Clean toilets and Use toilet properly	Start Digging pits for new toilets construction	Open defaecation free
Kotyana Primary school	05/09/2011	30/10/2011	30/11/2011

**Experience with the tools:** the triggering exercise went well with school children. They were very enthusiastic about the mapping exercise.**Lessons Learnt:** even the school children are able to connect and trace the cycles of water contamination**CLTS Triggering Third Round: 14 September 2011****Village visited:** Thwalimofu**Processes:** CLTS approach**Team members:** Phumla Khinkwayo, Febbie Masango, Mcedisi Soxujwa**Natural Leaders:** Nceba Masondwana, Thobisile Qhonkqotha, Gcinibandla Yoyo, Bulelwa Zunguzane, Nofanela Nokhubela**Village Profile:** Kotyana has 2 sub villages with total of 68 households**Venue:** Chief Vulinkete's Place

**Actions Plans:** the community have decided that they will start digging toilets pits on the 14<sup>th</sup> of September 2011 and they will start chopping poles for construction on the 25<sup>th</sup> of September 2011 and start using orange and garbage bags to fully construct the toilets and they aim to be a open defaecation free village on the 30<sup>th</sup> of October 2011.

**Experience with tools:** all community members have agreed that all the shit end up in their drinking water sources and they end up drinking it. The facilitators also reported that the shit quantification was not concluded in the actual quantities as the community members were rushing to get into another meeting about stock theft.

**Lessons Learnt:** The facilitators have also reported that they went around asking the participants the question on “how much per month do people spend on health in general and whether this ridiculous spending can be preventable. They reported that this was proven to be one of the exercises that have driven the community members to take action about health and hygiene issues in their village.

**CLTS Triggering: second Round: 30 September 2011**

**Village:** Kotyana

**Processes:** Attendance register circulation, Introductions, Mapping, Transect walk, Triggering, Action Plans

**Team Members:** Phumla Khinkwayo, Mcedisi Soxujwa

**Natural Leaders:** Athi Gwebityala, Nompedulo Ndawo, Sinethemba Xhakaza, Liyemka Siqabu, Zakhe Gela, Sicelo Damba, Nomfezeko Dyuphana, Mbambani Singele

**Village Profile:** the village has a total of 4 sub villages with the total of approximately 106 households

**Attendance:** it was well attended and people were there in time

**Venue:** playing ground

**Action Plan:**

Village	Start Digging pits	Open defaecation free
Kotyana	3/10/2011	30/11/2011

**Experience with the tools:** There were more women than men in the mapping exercise however, they did not participate.

**Lessons Learnt:** because the headman arranged the meeting himself, attendance was good and there were no late comers, hence less interference during Mapping exercise. People in the village were to some extend aware of the purpose of the meetings as there have been informed by their friends and relatives from the nearby villages who were triggered earlier. The leadership has been left behind in the chiefs’ house when the facilitators went on triggering.

## **Appendix 4 C: Evaluation of CLTS Training**

The facilitators in training evaluated the 5-day CLTS Training received between 21<sup>st</sup> to 26<sup>th</sup> August 2011 in Coffee Bay Conference venue, which included two days of fieldwork for the practical component of CLTS Triggering of 2 villages per participant team.

Participants were requested to evaluate the entire training in four respects: Lessons Learnt; Usefulness; Suggested Improvements; Other Comments (see headings below). A bullet point records a response from one person. Participant responses were recorded and their inputs have been sorted into categories of Implementation; Future investment; Governance; Logistics.

### **Lessons Learnt:**

#### ***Implementation***

- CLTS methodology can be best used for community mobilization.
- The concept was great in terms of triggering people to realize the impact of shitting in the open and how it badly affect their lives.
- Lessons were very informative and can be implemented in a South African context.
- If communities are faced with the realities of their situations they do take action.
- If communities are triggered well, they can also respond well to this methodology. With proper monitoring and follow-up it works even in the expectations of subsidies.
- People can do something without waiting for govt. through the way they participate.

#### ***Future Investment***

- Triggering was good, especially in the context of addressing health and hygiene issues.
- It is a good concept that communities are made aware of their hygiene status and be encouraged to want to change for the better even before the subsidy is implemented. It is good that they are empowered to take ownership of their environmental status.

#### ***Governance Relations***

- People are dependent on government subsidies.
- People are in need of provision of toilets, living in very humiliating conditions whereas government has taken responsibility of providing.
- "I am not sure because the communities are poor".

#### ***Logistics***

- Reliable logistics team member is essential.
- The trainer is good and he is very objective, also learnt how to resolve challenges diplomatically.

### **Usefulness:**

#### ***Implementation***

- Extremely useful to see the light touch working in triggering.
- CLTS is very useful.

- Very useful to address issues of health and hygiene, improvement of basic health conditions and better lifestyle.
- CLTS creates a space for dialogue.
- The lessons are very informative and they can be implemented.

#### ***Future Investment***

- Very useful tools were used and they work well to trigger the communities change their attitude towards this concept.
- This tool can be best used as health and hygiene promotion.

#### ***Governance Relations***

- The methodology is great but I don't think in a South African context it will ever work because of the issue of subsidies. People expect government to deliver services to them, not the other way round.

#### **Suggestions for improvement:**

##### ***Implementation***

- Next time, not to choose villages next to those that have received government subsidies.
- In the field before going to community map, avoid long discussions on toilets.
- On the transect walk avoid telling people "we will go and collect shit".
- Ensure that participatory experience is authentic for selection of learners.

##### ***Future Investment***

- Invest in discussions to adapt CLTS into the South African context.
- To be used for health and hygiene.

##### ***Governance Relations***

- Toilets and water to be provided.
- Full consideration of intergovernmental relations; WSA be involved; CBO's, NGO's the DM/WSA where piloting is going to take place.
- Involvement of the political structures.

##### ***Logistics***

- The training could be broken up into two phases, instead of having it in one week.
- For logistics and communication there should be better organization and communication from the organizing body so that everything is clear from the beginning.
- If people could be nicer, no need to be rude to people, especially the CWSS team manager.

## **Other Comments**

### ***Implementation***

- Everything is okay.
- CLTS prompts people to action.
- Ensure that NGO's ha a real working presence in the communities.
- The training was great, the facilitator is very knowledgeable about the subject matter and I have learnt a lot from this training and I think it could work.

### ***Governance Relations***

- Professionals in talking to people/participants, in order for a maximum participation without being unmotivated, a manner in which one talks to people is very important. "first impressions lasts".
- Perhaps the community development culture has changed over the past years.

### ***Logistics***

- Consider Maximum of three (3) days for training.
- Need for coordination in the organization.
- Review number of days and logistics.
- Not good at all to use our means for buying food, especially when we go to the villages. Sandwiches without cold drinks and even after dinner, I believe our institution would make booking for us.
- Improve communication skills of coordinators.

Table 1: Participants' Evaluation of CLTS Training: 21-26<sup>th</sup> August 2011, Coffee Bay

Categories:	Happy 	Okay 	Not Happy 
Expectations& Objectives	7	5	0
Training Content	12	0	0
Theory~ Basic CLTS	10	2	0
Triggering Communities	5	7	1
Community Feed back	5	7	1
Facilitation of training	9	2	0
My participation	8	3	1
Logistics	0	0	13

***NOTE:*** 2 training participants had to depart early due to illness – unable to evaluate.

## **Evaluation notes by team responsible for training.** (CWSS team and IDS)

### ***Expectations & Objectives***

Final participant responses were disturbing in that it was stated that they felt they were doing this for some other external organisation's benefit: either IDS, Plan Africa, CWSS or WRC. The question of: ***Whose project is the CLTS case study?*** was first raised in this context.

### ***Triggering and Community Report backs***

The lack of enthusiasm for Triggering became increasingly surprising as the observers saw that team report backs were relatively doubtful. This may have been due to the dominance of some Provincial department personalities within teams that was not addressed in team dynamics.

### ***Logistics:***

Resentment regarding logistics included issues that arose as follows:

- Arriving to do one session on a Sunday afternoon – there appeared to be some resentment at phone calls to each participant to check that they'd be on time.
- Notice that bar bills were for individuals own expense included not providing cool drinks after meals – appeared to be disproportionately resented (see above).
- After being notified that rooming and menu problems were being addressed to venue management, participants were asked not to approach management directly but communicate via CWSS logistics person (Nolufefe Ngaye).
- Transport to the field was pre-arranged way ahead of time with one KZN participant and subsequently with RSS. A lack of sufficient warning to newly formed teams regarding additional transport needed remained an issue of resentment that was expressed after requesting those with transport to consider payment for kms or fuel (as for another team member). Some participants appeared offended by this request – especially request came late to the teams.
- Field lunches were apparently not ordered ahead of time although the programme was well shared regarding menus for the duration. Due to a lack of shopping ahead by the provider, sandwich lunches with a fruit and chocolate bar in brown bags were considered to be inadequate.
- Bottled water was not ordered nor purchased ahead of time or en route so had to be collected from another hotel across the bay by the lead researcher as the facilitation teams were preparing to go out.

**Poor communication and coordination** *within the training team* was experienced by the lead researcher as well, but seen as an internal problem with inadequate planning and interaction, if not simply a lack of communication of key information. Lack of daily evaluation and planning for the training team was problematic and severely limited the team's ability to address emergent and growing issues.

## Appendix 5 A: Post-Triggering follow-up Support Missions

### **Mission Agreements for Post Triggering Support:**

- **Mission 2** – Follow up is immediately in week after CLTS Triggering – report on Progress based on Community Action Plans. QA# 2 of Follow up support will be guided
- **Mission 3** – Evaluation of outcomes. QA# 3 – Verification: Evaluation of Outcomes and Innovations, as well as RSS support (NL's feedback on quality)

Post Triggering follow up was guided on the 26/08/2011 by the research and training team (Samual Musyoki, CLTS Trainer from Kenya) planning a follow up strategy with RSS. A monitoring checklist was compiled into a proforma to guide RSS to fill in pertinent information.

### Proforma checklist: Guidance for Post Triggering follow up of progress

**Village:**..... **Chief:** ..... *Name & Contact*

**Sub Village:**..... **Headman:** ..... *Name & Contact*

**Natural Leaders:** *Names & Contacts*.....

	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>
<b>Baseline OD Map</b>	Sanitation profile	1 <sup>st</sup> week Added detail	<i>Changes shown on OD Map</i>	<i>Changes shown on OD Map</i>
<b>Action Plan</b>	25/08 Report by Community	Refine and add arising actions		
<b>Follow up contacts: Who &amp; When</b>	26/08 Plan to telephone between visits	1 <sup>st</sup> week 2 <sup>nd</sup> week final week		
<b>Meetings with NLs: What came up &amp; When</b>	26/08 see Plan	1 <sup>st</sup> week 2 <sup>nd</sup> week final week	<i>2<sup>nd</sup> week</i>	<i>1<sup>st</sup> week</i>
<b>Monitoring Checklist: add progressively</b>	26/08 see Plan	1 <sup>st</sup> week 2 <sup>nd</sup> week final week	<i>2<sup>nd</sup> week</i>	<i>1<sup>st</sup> week</i>
<b>Verification of progress</b>		Based on QA reports 28-30th Sept		
<b>Community Meetings</b>	23 or 24/08	<i>If any</i>		
<b>Innovations</b>		1 <sup>st</sup> week 2 <sup>nd</sup> week final week	<i>arising</i>	<i>arising</i>
<b>Challenges</b>		1 <sup>st</sup> week 2 <sup>nd</sup> week final week	<i>arising</i>	<i>arising</i>
<b>Verification of ODF status</b>			Who to invite?	ODF Celebrations?
<b>Area Champions</b>	<i>arising</i>	<i>arising</i>	<i>arising</i>	<i>arising</i>

**Appendix 5 B: Post-Triggering Progress Reports**

**RSS report (1): Village OD Maps and Action Plans** (presented on 25<sup>th</sup> Aug 2011 by NLs)

**Village: Zikholokotho**

Activity	Time frame
Digging pits for toilet construction	29/08/2011
Open defaecation free	30/09/2011



**Village: Sirhoboxeni**

Activity	Time frame
Digging of toilet pits by all households	30/09/2011
Start building toilet structures	1/10/2011
Achieve Open defaecation free	31/10/2011



**Village: Phutuma**

Activity	Time frame
Digging of pits for toilet construction	25/08/2011
Achieve ODF	30/09/2011 .



**Village: Mgojweni.**

Activity	Time Frame
Start digging pits for toilets	27/08/2011
Achieve ODF	30/09/2011



**RSS report (2): Progress on Action Plans**

(9 September, 2011)

4 “Villages “ with Sub Villages	Natural Leaders	H/H per 11 Sub- Villages	Indicator: Digging Pits			Build top structures	Achieve ODF
			Finished	Started	Not yet started		
<b>Mgojweni: Total area 165 h/h</b>							
Madi	Booi Peteni (CDW)	<b>26</b>	26				<b>30 Sept</b>
Ndungunyeni		<b>20</b>	6	2	12		
Upper Mhlothe	Zukiswa Mbhoma	<b>19</b>	0	5	14		
Lower Mhlothe	Mxolisi Mahlangu	<b>27</b>	9	4	14		
Mgojweni	Nosayinethi	<b>73</b>	10	16	47		
<b>Sirhoboxeni : Total area 98 h/h</b>							
Zikhewu	Nopostile Xingile	<b>40</b>	1	2	37	1/10	<b>31 Oct</b>
Sirhoxeni	Dalingqini Xingile Nofikile Qobo	<b>58</b>	3	1	54		
<b>Phuthuma: Total area 169 h/h</b>							
Zeke	Seyiwani Ntoyapi S. Nokubela	<b>64</b>	10	3	51		<b>30 Sept</b>
Phuthuma	G. Mpande	<b>105</b>	16	4	85		
<b>Zikholokoto: Total area 70 h/h</b>							
Khweleni	Nosikelela Qhweta Sibatubatu Qhweta	<b>47</b>	25	10	12		<b>30 Sept</b>
Nkosibomvu	Banele Baloni	23	10	2	11		

**Note: Researcher has highlighted villages showing the most progress**

**Quality Assurance # 2 of Mission 2**

Quality Assurance was conducted one month after Triggering: between 29<sup>th</sup> Sept – 1 Oct 2011. A joint Natural Leaders meeting was convened.

The following deliverables were not available:

- No Monitoring Checklist had been developed with NLs
- OD Maps remained the same – appear to roughly indicate households over a large area
- Verification of progress was reluctantly carried out – only able to visit a limited number of examples in some sites (1 afternoon and 1 morning before RSS staff had to leave)
- It was clear in some cases that progress was not as reported – most notably in Madi.

- Although a very wide circular lined pit had not been prepared right next to a child-friendly completed pit latrine in Zikholokota, chiefs nor could headmen explain what Human Settlements planned, other than to deliver some toilets – not for all.
- NL Booi Peteni was sought out to explain disparity. He reported that rumours had been spread that pits dug would receive toilet top structures, but could not say where rumours emanated from.
- RSS had no further information regarding Human Settlements or the reported rumours.

The proforma that had not been utilized for progress reports was applied as a checklist for QA# 2 records. The *italicised* prompts indicated RSS progress reporting gaps, for correction.

### **Post Triggering Natural Leaders Meeting – 29/09/2011**

RSS Progress Reports were requested as Natural Leader inputs of data for each sub village in a framework that was provided. Specificities such as which sub-village each Natural Leader resided in as well as key activities, challenges arising and innovations were requested as progress report NLs from 6 villages.

#### **Joint Natural Leaders Meeting: Focus session 1 (29th Sept. 2011)**

Although NLs brought them to the meeting there was **no evident use of their Village OD Maps** for tracking any progress – for example, individual h/h with completed pits, latrines or those showing no participation or progressive effort to stop open defaecation.

The researcher reported to Natural Leaders that while receiving progress reports of **numbers of pits dug** and **top structures being built**, she now wondered ***what else is involved in achieving an open defaecation free village?*** The NL's joint list of indicators that accompany "no open defaecation" was captured on cards and set out progressively, as given below:

- Each toilet must be safe and accessible to small children;
- Parents must oversee children;
- Toilets must be kept clean;
- Flies must be kept away from shit in the toilets;
- There must be fewer flies;
- Water must be kept clean (of shit);
- Toilets must be kept in a good condition

#### **Key Challenges raised by NLs were:**

- **Lack of a Local Monitoring Checklist for NLs** to use as a tool in their role of encouraging and tracking progress was addressed in the meeting
- **Material for slabs or platforms** was raised as key to progress in constructing top structures.
- **Design queries** were discussed. NLs decided to visit good models in different villages to **share ideas** about toilet construction.

Quality Assurance resulted in a request for more detailed progress to be indicated in RSS reports than the numbers of pits dug or latrines constructed as shown in the table below (Insertions are guidance by CWSS).

In addition details required to understand the context of progress reports included:

1/ Natural Leader names with each Sub Village details to be provided

2/ Proforma to be completed against each item by RSS as requested.

### Progress Reporting Proforma with Guidance

Checklist:	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
<b>Baseline</b>	<b>OD Maps</b>	<b>To Add detail and sub villages</b>	<i>Changes to be shown on Maps</i>	<i>Changes to be shown on OD Maps</i>
<b>Action Plan</b>	<b>25/08 Report by Community</b>	<i>Refine and add arising actions X final week Sept</i>	<i>Refine and add arising actions</i>	<i>Refine and add arising actions</i>
<b>Follow up contacts: Who &amp; When</b>	<b>26/08 Plan to telephone between visits</b>	<b>1<sup>st</sup> week – field 2<sup>nd</sup> week – tel. final week Sept</b>	<b>ADM meeting requested</b>	<i>Ongoing</i>
<b>Meetings with Village NLs: Where, When, What came up?</b>	<b>26/08 Plan for progress reports</b>	<i>1<sup>st</sup> and 2<sup>nd</sup> week? Reports- expand 29/09 Joint NL Progress, Plan</i>	<b>NL meeting planned 1<sup>st</sup> week</b> <i>Report required</i>	<i>1<sup>st</sup> week</i>
<b>Monitoring Checklist:</b>	<b>26/08 Planning (see notes)</b>	<i>1<sup>st</sup> and 2<sup>nd</sup> week? 29/09 –with NLs</i>	<b>NLs to finalise together 1<sup>st</sup> wk</b> <i>RSS 2<sup>nd</sup> week</i>	<i>1<sup>st</sup> week</i> <b>Add progressively</b>
<b>Verification of progress</b>		<b>Based on QA reports 29, 30<sup>th</sup> Sept + pics</b>	<i>Spot check Interact with NLs</i>	<i>Spot check Interact with NLs</i>
<b>Community Meetings</b>	<i>23 and 24/08</i>	<i>If any X</i>	<i>If any</i>	<i>If any</i>
<b>Innovations</b>	<b>RSS Reporting on # s “pits” and “top structures”</b>	<i>1<sup>st</sup> and 2<sup>nd</sup> week 29, 30<sup>th</sup> Sept e.g. Child’s seat</i>	<b>NLs request for Appropriate Tech advice</b>	<i>Arising</i>
<b>Challenges</b>	<b>Toilets counting</b>	<i>1<sup>st</sup> week 2<sup>nd</sup> week 29, 30<sup>th</sup> Sept</i>	<ul style="list-style-type: none"> <li>• <b>Platforms</b></li> <li>• <b>Rumours?</b></li> </ul>	<i>Arising</i>
<b>Verification of ODF status</b>	<i>Develop Checklist with NLs</i>	<b>What is ODF? 29, 30<sup>th</sup> Sept</b>	<i>Who to invite?</i>	<i>ODF Celebrations?</i>
<b>Other Meetings e.g. Area Champions</b>	<i>arising</i>	<b>Mbashe Muni Manager/RSS. ADM 28/09</b>	<b>Follow up ADM-meeting agreed</b>	<i>Arising</i>

### RSS report (3): Progress reporting against Action Plans and detailed Map

Attendance registers, as well as some profiling NL information and contact details were submitted by RSS. Subsequent attempts by RSS to comply with repeated requests to fill in the

Checklist as provided in the proforma are shown with feedback and demonstrated edits in Appendix 5 C, with Quality Assurance comments in italics.

## Appendix 5 C: Quality Assurance of Post Triggering reports

Note: all italics are quality assurance notes inserted by researcher in field testing the proforma guide provided to support organization for reporting on progress during follow up.

### 1/ Village: Zikholokotha

Chief: Amos Zunguzane (0742915651)

Headman: Mr Luphondo (0732097167)

Natural Leader: Mr C. Qhwetha (0730738035)

1(a) Sub village: Khweleni

2011	August	September	October	November
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on Map.</i> No change shown in OD map as community still struggling to get building material	Community members are still practicing OD so no change is shown on OD map.
<b>Action Plan</b>	<b>25/08 Report by Community</b>	All community members would have started digging pits.	All community members will be finished digging pits and have begun constructing toilets.	By <u>mid Dec 2011</u> h/hs would have completed their toilets.
<b>Follow up contacts: Who &amp; When</b>	<i>26/08 Plan to telephone between visits</i>	<b>1<sup>st</sup> week – field 2<sup>nd</sup> week – tel. final week Sept</b>	<i>Ongoing ADM meeting requested</i>	<i>Ongoing</i>
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> and 2<sup>nd</sup> week Reports- expand 29<sup>th</sup> Sept: Joint NL Meeting. NL Mr Qhweta assists Khotyana Triggering 30/09</i>	<i>14<sup>th</sup> Oct 2011 at Mr Mpande's house. NL reported that all h/h have finished digging pits.</i>	<i>11<sup>th</sup> Nov 2011 NL's met at Mr Mpande's house. Reported that all h/h have finished digging pits now looking for building material.</i>
<b>Monitoring Checklist: add progressively</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<i>NLs finalise 1<sup>st</sup> week RSS 2<sup>nd</sup> week</i>	<i>1<sup>st</sup> week</i>
<b>Verification of progress</b>		<b>Based on QA reports 28-30<sup>th</sup> Sept + pics</b>	<i>Spot check</i>	All households have finished digging their pits.
<b>Community Meetings</b>	<i>23 and 24/08</i>	<i>If any</i>		
<b>Innovations</b>	<i>See Reports</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept: Child's seat and platform.</i>	Headman was first person to commit himself and built his own toilet within a short space of time.	Building of platforms using poles and zinc. Range of materials used for structures. NL's shared different forms of material.
<b>Challenges</b>	<b>Toilets counting?</b>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	Dept. Human Settlements began providing large lined pits for toilets. Most (not all) h/h are to benefit but NL not clear exactly which.	<u>16 Nov 2011</u> . NL's will visit Zele village to support. NL will persuade the rest to build their own toilets.

## 2/ Village: Phuthuma

Chief: Amos Zunguzane (0742915651)

Headman: V. Zunguzane (0732344513)

2(a) Sub village: Matamama

Natural Leader: G. Mpande (0795500368)

2011	August	September	October	November
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People are still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on OD Map.</i> No changes shown in OD map as community members are still struggling to get building material	Community members still practicing OD. 5 households have started toilet top structures using available material but not yet using them as not completed
<b>Action Plan</b>	<b>25/08 Report back by Community</b>	<i>Planned that all community members would have started digging pits.</i>	All community members would have finished digging pits and some have begun constructing their toilets.	<b>By the end Nov 2011</b> at least one of the sub villages under Phuthuma village would achieve ODF status
<b>Follow up contacts: Who &amp; When</b>	<i>26/08 Plan to telephone between visits</i>	<i>1<sup>st</sup> week – field 2<sup>nd</sup> week – tel. final week Sept</i>	<i>No report ADM meeting requested</i>	<i>No report</i>
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan for Follow up support</i>	<i>1<sup>st</sup> and 2<sup>nd</sup> week Reports- expand 29 Sept: Joint NL Meeting</i>	<i>14<sup>th</sup> Oct 2011 at Mr Mpande's house. NL's reported. people thought building material from govt. 27<sup>th</sup> Oct 2011 Mr Mpande's house. NL's report all h/h finished digging pits. 5 h/h of Phuthuma village had almost finished building toilets.</i>	<i>11<sup>th</sup> Nov 2011 at Mr Mpande's house. NL's reported on problems, especially issue of building material. NL's visited communities that are no longer motivated like Zele wanting to fill back their pits and wait for government subsidy.</i>
<b>Monitoring Checklist: add progressively</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<i>NLs to finalise 1<sup>st</sup> week RSS 2<sup>nd</sup> week</i>	<i>1<sup>st</sup> week</i>
<b>Verification of progress</b>		<b>Based on QA reports 28-30<sup>th</sup> Sept + pics</b>	<i>Spot check</i>	<u>10 Nov 2011</u> pictures attached
<b>Community Meetings</b>	<i>23 and 24/08</i>	<i>If any</i>		<u>02 Nov 2011</u> <i>No report?</i>
<b>Innovations</b>	<i>See Reports</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week 29<sup>th</sup> Sept Request Appropriate Tech advice on making slabs</i>	Slabs are no longer a problem as Mr Nokhubela has done one for his toilet and showed others as well.	How to make slabs or platforms ( <i>use of poles?</i> ). Types of material used for top structures: old zinc, plastic, mud bricks and cement blocks.
<b>Challenges</b>	<b>Toilet counting</b>	<i>1<sup>st</sup> week 2<sup>nd</sup> week 29<sup>th</sup> Sept</i>	<b>Slabs/platforms. Rumours of gvt provision.</b>	Cannot access poles from forest now. Children are now writing exams so unable to make mud bricks.

2(b)Sub Village: **Phuthuma**

**Natural Leader:** S.D.Nokhubela (0835145105)

	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People are still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on OD Map.</i> No changes shown in OD map as community members are still struggling to get building material	Community members are still practicing OD. There is no change on the map.
<b>Action Plan</b>	<b>25/08 Report by Community</b>	All the community members would have started digging pits.	All would have finished digging pits and some have begun constructing their toilets.	<u>Mid Dec 2011</u> all are expected to have finished building their toilets.
<b>Follow up contacts: Who &amp; When</b>	<i>26/08 Plan to telephone between visits</i>	<b>1<sup>st</sup> week – field 2<sup>nd</sup> week – tel. final week Sept</b>	<b>Ongoing ADM meeting requested</b>	<i>Ongoing</i>
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> and 2<sup>nd</sup> week Reports- expand final week Sept Joint NL Meeting</i>	<u>14<sup>th</sup> Oct 2011</u> at Mr Mpande's house. NL's reported Communities thought they'd get building material from gvt but NL's continue motivating for own health. <u>27<sup>th</sup> Oct 2011-</u> Mr Mpande's house. NL's reported that all h/h finished digging pits. 5 h/h of Phuthuma village had almost finished toilets.	<u>11<sup>th</sup> Nov 2011</u> NL's Meeting. Mr Ntoyaphi asked for help from NL'S as his community is no longer showing interest since Dept Human Settlements began Zikholokotha VIP supply. People say they will wait for their turn to come for VIP.
<b>Monitoring Checklist: add progressively</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<b>NLs finalise 1<sup>st</sup> week RSS 2<sup>nd</sup> week</b>	<i>1<sup>st</sup> week</i>
<b>Verification of progress</b>		<b>Based on QA reports 28-30<sup>th</sup> Sept + pics</b>	<i>Spot check</i>	All the households have finished digging the pits.
<b>Community Meetings</b>	<i>23 and 24/08</i>	<i>If any</i>		<u>15 Nov 2011</u> Meeting to be held.
<b>Innovations</b>	<i>See Reports</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<b>Request for Appropriate Tech advice</b>	How to build slabs and types of material to build a toilet
<b>Challenges</b>	<b>Toilets counting</b>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<b>Slabs/platforms Rumours</b>	Mr Mpande encouraged use of mud bricks and sticks for top structures.
<b>Verification of ODF status</b>		<b>What is ODF? final week Sept</b>	<i>Who to invite?</i>	<i>ODF Celebrations?</i>
<b>Other Meetings e.g. Area Champions</b>	<i>arising</i>	<b>Mbashe Muni Manager</b>	<i>None</i>	<i>None</i>

2(c)Sub village: Zele

Natural Leader: H.S. Ntoyaphi (076681400)

2011	August	September	October	November
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People are still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on OD Map.</i> No changes shown in OD map as community members are still struggling to get building material	Community members are still practicing OD. There is no change on the map.
<b>Action Plan</b>	<b>25/08 Report by Community</b>	<i>Planned that all community members would have started digging pits.</i>	All community members would have finished digging pits and some have begun constructing their toilets.	<u>16 Nov 2011.</u> NL's plan to visit this village for convergence
<b>Follow up contacts: Who &amp; When</b>	<i>26/08 Plan to telephone between visits</i>	<b>1<sup>st</sup> week – field 2<sup>nd</sup> week – tel. final week Sept</b>	<i>Ongoing ADM meeting requested</i>	<i>Ongoing</i>
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> and 2<sup>nd</sup> week Reports- expand final week Sept Joint NL Meeting</i>	<u>14<sup>th</sup> Oct 2011</u> , NL's meeting Mr Mpande's house. Community assumed building material will come from govt. <u>27<sup>th</sup> Oct 2011</u> NL's meeting at Mr Mpande's house. reported progress in most villages. All h/h finished digging pits for toilets.	<u>11<sup>th</sup> Nov 2011.</u> NL's visited that are no longer willing to participate like Zele threatening to fill back their pits and wait for the government toilets
<b>Monitoring Checklist: add progressively</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<b>NLs finalise 1<sup>st</sup> week RSS 2<sup>nd</sup> week</b>	<i>1<sup>st</sup> week</i>
<b>Verification of progress</b>		<b>Based on QA reports 29-30<sup>th</sup> Sept + pics</b>	<i>Spot check</i>	<i>Spot check</i>
<b>Community Meetings</b>	<i>23 and 24/08</i>	<i>If any</i>		<u>16 Nov 2011 Meeting to be held.</u>
<b>Innovations</b>	<i>See Reports</i>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<b>Request for Appropriate Tech advice</b>	Will be encouraged to use any form of material available.
<b>Challenges</b>	<b>Toilets counting</b>	<i>1<sup>st</sup> week 2<sup>nd</sup> week final week Sept</i>	<b>Slabs/platforms Rumours:</b> People want to wait for government subsidy.	Toilets subsidy by Dept Human Settlements in Zikhlokotha. Lack of building material. Some people say pits pose a danger to livestock.

### 3/ Village: Mgojweni

Chief: Amos Zunguzane (0742915651)

Headman: Xhalisile (0788632540)

3( a)Sub Village: Lower Mhlothe

Natural Leader: Zukiswa Mbhoma

2011	August	September	October	November
<b>Baseline OD Map</b> <i>Map needs to be understood as a resource &gt; target outstanding h/h</i>	<i>Sanitation profile</i> <b>Sub-villages? Actual households? – not plotted?</b>	People are still practicing OD – no changes on map as people are still digging pits	No changes shown in OD map as community members are still struggling to get building material	Community members are still practicing OD. There is no change on the map. <b>Why not show all h/h pits completed on map?</b>
<b>Action Plan</b>	<b>25/08 Community Report back</b>	All the community members would have started digging pits.	All the community members finished digging pits and some began constructing their toilets.	<u>By Jan 2012</u> the community members are expected to have finished building their toilets.
<b>Follow up contacts: Who &amp; When</b>	<i>26/08 Plan to telephone between visits done?</i>	<b>1<sup>st</sup> week – field</b> <b>2<sup>nd</sup> week – tel.</b> <b>final week Sept</b>	<b>ADM meeting requested</b>	<b>Why no contact with Mbashe Municipal given CDW position of NL (Booi)?</b>
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> and 2<sup>nd</sup> week</i> <b>Reports -expand on 29<sup>th</sup> Sept</b> <b>Joint NL Meeting</b>	14 <sup>th</sup> Oct 2011. Mr Mpande's house Communities struggling with building material. NL's are motivating communities to continue for their health sake	11 <sup>th</sup> Nov 2011. NL's visited Zele no longer participating and are threatening to fill back their pits and wait for government toilets. Mr Ntoyaphi appealed to other NL's for assistance in his village.
<b>Monitoring Checklist: add progressively</b>	<i>26/08 see Plan</i>	<i>1<sup>st</sup> week</i> <i>2<sup>nd</sup> week</i> <b>final week Sept</b>	<b>NLs finalise 1<sup>st</sup> week</b> <b>RSS 2<sup>nd</sup> week</b>	<i>1<sup>st</sup> week</i>
<b>Verification of progress</b>		<b>Based on QA reports 28-30<sup>th</sup> Sept + pics</b>	<i>Spot check</i>	All the h/h have finished digging pits.
<b>Community Meetings</b>	<i>23 and 24/08</i> <b>Which date?</b>	<i>If any</i>	27 <sup>th</sup> Oct 2011 Community meeting at Mr Mpande's house. reported progress in most villages. All h/h finished digging pits.	
<b>Innovations</b>	<i>See Reports</i>	<i>1<sup>st</sup> week</i> <i>2<sup>nd</sup> week</i> <b>29<sup>th</sup> Sept</b>	<b>Request for Appropriate Tech advice</b>	How to build slabs and type of material to build a toilet
<b>Challenges</b>	<b>Toilets counting</b>	<i>1<sup>st</sup> week</i> <i>2<sup>nd</sup> week</i> <b>29<sup>th</sup> Sept</b>	<b>Slabs/platforms. Rumours.</b> will come from government.	Building material: Forest temporarily closed. School children busy writing exams

#### 4/ Village: Sirhoboxeni

**Chief:** Amos Zunguzane (0742915651)    **Headman:** X. Gwebityala (0789344513)

**Natural Leaders:** 1.Dalingqini. Xingile (0828669448) 2. Nopostile Xingile (0726392381)

2011	August	September	October	November
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on Map.</i> No change shown in OD map as community still struggling to get building material	Community members are still practicing OD so no change is shown on OD map.
<b>Action Plan</b>	<b>25/08 Report by Community</b>	NL's Changed their action plan from end of Oct – end of Nov 2011.		28 Feb 2011 NL's plan to achieve ODF status
<b>Follow up contacts: Who &amp; When</b>				
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	<u>29<sup>th</sup> Sept</u> NL reported that all h/hs have finished digging pits.		<u>10<sup>th</sup> Nov 2011</u> NL's met at Mr Mpande's NL. Reported that all h/h have started building toilets, verifying transact walk confirmed that only one toilet has started.
<b>Monitoring Checklist: add progressively</b>		<b>See 29<sup>th</sup> Sept meeting</b>		
<b>Verification of progress</b>		<u>30<sup>th</sup> Sept 2011</u> at Sirhoboxeni Village.		2 Households started digging pits. 37 household not yet started.
<b>Community Meetings</b>				
<b>Innovations</b>				NL's were taken to the nearest h/h to see how slabs are made using cement & reinforcing wire or Pole & Timber.
<b>Challenges</b>			Community members can't make slabs. Zikhewini Village could not report on progress because the Village NL' could not attend.	

4(b) Sub Village: Zikhewu

**Natural Leaders:** 1.Dalingqini Xingile (0726392381)  
2. Nopostile Xingile (0828669448)

2011	August	September	October	November
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on Map.</i> No change shown in OD map as community still struggling to get building material	Community members are still practicing OD so no change is shown on OD map.
<b>Action Plan</b>	<b>25/08 Report by Community</b>	NL's Changed their action plan from end of Oct – end of Nov 2011.		<u>28 Feb 2011</u> NL's plan to achieve ODF status
<b>Follow up contacts: Who &amp; When</b>				
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	NL reported that all h/hs have finished digging pits.		<u>10<sup>th</sup> Nov 2011</u> NL's met at Mr Mpande's NL. Reported that all h/h have started building toilets, verifying transact walk confirmed that only one toilet has started.
<b>Monitoring Checklist: add progressively</b>		<b>See 29<sup>th</sup> Sept meeting</b>		
<b>Verification of progress</b>				13 Households started digging pits. 1 household not yet started.
<b>Community Meetings</b>				
<b>Innovations</b>				NL's were taken to the nearest h/h to see how slabs are made using cement & reinforcing wire or Pole & Timber.
<b>Challenges</b>			Community members can't make slabs. Zikhewini Village could not report on progress because the Village NL' could not attend.	
<b>Verification of ODF status</b>		<b>What is ODF? final week Sept</b>	<i>Who to invite?</i>	<i>ODF Celebrations?</i>
<b>Other Meetings e.g. Area Champions</b>	<i>arising</i>	<b>Mbashe Muni Manager</b>	<i>None</i>	<i>None</i>

4(c) Sub Village: **Fulamde**      **Natural Leaders:** .Nofikile Qobo (0726493413)

2011	August	September	October	November
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	People still practicing OD. There are no changes on the map as people are still digging pits	<i>Changes shown on Map.</i> No change shown in OD map as community still struggling to get building material	Community members are still practicing OD so no change is shown on OD map.
<b>Action Plan</b>	<b>25/08 Report by Community</b>	NL's Changed their action plan from end of Oct – end of Nov 2011.		<u>28 Feb 2011</u> NL's plan to achieve ODF status
<b>Follow up contacts: Who &amp; When</b>				
<b>Meetings with Village NLs: Where, When, What came up?</b>	<i>26/08 see Plan</i>	NL reported that all h/hs have finished digging pits.		<u>10<sup>th</sup> Nov 2011</u> NL's met at Mr Mpande's NL. Reported that all h/h have started building toilets, verifying transact walk confirmed that only one toilet has started.
<b>Monitoring Checklist: add progressively</b>		<b>See 29<sup>th</sup> Sept meeting</b>		
<b>Verification of progress</b>				13 Households started digging pits. 1 household not yet started.
<b>Community Meetings</b>				
<b>Innovations</b>				NL's were taken to the nearest h/h to see how slabs are made using cement & reinforcing wire or Pole & Timber.
<b>Challenges</b>			Community members can't make slabs. Zikhewini Village could not report on progress because the Village NL' could not attend.	
<b>Verification of ODF status</b>		<b>What is ODF? final week Sept</b>	<i>Who to invite?</i>	<i>ODF Celebrations?</i>
<b>Other Meetings e.g. Area Champions</b>	<i>arising</i>	<b>Mbashe Muni Manager</b>	<i>None</i>	<i>None</i>

**5/ Village: Thalimofu**

**Chief:** Amos Zunguzane (0742915651)

**Headman:** V. Zunguzane (0789344513)

**Natural Leaders:** 1. Zwelixolile Kayi (0786930368) 5(a) Sub Village: **Thafeni**

2011	September	October	November
<b>Baseline OD Map</b>			
<b>Action Plan</b>	14 Sep 2011 reported by community.		
<b>Follow up contacts: Who &amp; When</b>			
<b>Meetings with Village NLs: Where, When, What came up?</b>		<b>See 29<sup>th</sup> Sept meeting</b>	Natural leaders present at the meeting suggested they will appoint another NL for this village as the current NL is busy with other community involvements.
<b>Monitoring Checklist: add progressively</b>			
<b>Verification of progress</b>		19 Households finished digging pits	
<b>Community Meetings</b>			2 Nov 2011: NL's advised the community members to use any form of local material for structures
<b>Innovations</b>		NL's has agreed to visit other villages that already built structures to see different options	
<b>Challenges</b>		Communities are struggling with building materials. NL does not have enough time due to other community involvements.	No representative from Thalimofu village attending NL's meeting
<b>Verification of ODF status</b>	<i>What is ODF? final week Sept</i>	<i>Who to invite?</i>	<i>ODF Celebrations?</i>
<b>Other Meetings e.g. Area Champions</b>	<i>Mbashe Muni Manager</i>	<i>None</i>	<i>None</i>

5(b) Sub Village: **Mpindweni**

**Natural Leaders:** 1.Zwelixolile Kayi (0786930368)

<b>2011</b>	<b>September</b>	<b>October</b>	<b>November</b>
<b>Baseline OD Map</b>	Triggered		
<b>Action Plan</b>	<u>14 Sep 2011</u> reported by community.		
<b>Follow up contacts: Who &amp; When</b>			
<b>Meetings with Village NLs: Where, When, What came up?</b>		<b>See 29<sup>th</sup> Sept meeting</b>	Natural leaders present at the meeting suggested they will appoint another NL for this village as the current NL is busy with other community involvements.
<b>Monitoring Checklist: add progressively</b>			<u>By end Nov 2011</u> NL's focus to achieve ODF status.
<b>Verification of progress</b>		19Households finished digging pits.	
<b>Community Meetings</b>			<u>2 Nov 2011</u> : NL's advised the community members to use any form of local material for structures
<b>Innovations</b>		NL's has agreed to visit other villages that already built structures to see different options	
<b>Challenges</b>		Communities are struggling with building materials.  NL does not have enough time due to other community involvements.	No representative from Thalimofu village attending NL's meeting
<b>Verification of ODF status</b>			
<b>Other Meetings e.g. Area Champions</b>			

## 6. Villages: Khotyana

**Chief:** Amos Zunguzane (0742915651)

**Headman:** X.Gwebityala (0789344513)

**Natural Leaders:** .L.Siqalo (0795500368)

2011	September	October	November
<b>Baseline OD Map</b>			
<b>Action Plan</b>	30 Sept 2011: Reported by Community.		
<b>Follow up contacts: Who &amp; When</b>			
<b>Meetings with Village NLs: Where, When, What came up?</b>			
<b>Monitoring Checklist: add progressively</b>			By end Nov 2011 NL's focus to achieve ODF status. NL's will conduct Community Meeting as the motivation towards this goal.
<b>Verification of progress</b>		14 Households finished digging pits.5 h/h have toilets.	
<b>Community Meetings</b>			NL's Community Meeting as the motivation towards this goal.
<b>Innovations</b>		NL's has agreed to visit other villages that already built structures to see different options	
<b>Challenges</b>		Communities are struggling with building materials.	
<b>Verification of ODF status</b>			
<b>Other Meetings e.g. Area Champions</b>			

6(a) Sub Village: **Magogotheni** Natural Leaders: .L.Siqalo (0795500368)

<b>2011</b>	<b>September</b>	<b>October</b>	<b>November</b>
<b>Baseline OD Map</b>			
<b>Action Plan</b>	<u>30 Sept 2011:</u> Reported by Community.		
<b>Follow up contacts: Who &amp; When</b>			
<b>Meetings with Village NLs: Where, When, What came up?</b>			
<b>Monitoring Checklist: add progressively</b>			<u>By end Nov 2011</u> NL's focus to achieve ODF status. NL's will conduct Community Meeting as the motivation towards this goal.
<b>Verification of progress</b>		29 Households finished digging pits. 1 h/h already have toilets.	
<b>Community Meetings</b>			
<b>Innovations</b>		NL's has agreed to visit other villages that already built structures to see different options	
<b>Challenges</b>		Communities are struggling with building materials.	
<b>Verification of ODF status</b>			
<b>Other Meetings e.g. Area Champions</b>			

6 (b) Sub Villages: **Nditya**      **Natural Leaders:** Zakhe Gela (0795500368)

<b>2011</b>	<b>September</b>	<b>October</b>	<b>November</b>
<b>Baseline OD Map</b>			
<b>Action Plan</b>	<u>30 Sept 2011:</u> Reported by Community.		By end Nov 2011 NL's focus to achieve ODF status. NL's will conduct Community Meeting as the motivation towards this goal.
<b>Follow up contacts: Who &amp; When</b>			
<b>Meetings with Village NLs: Where, When, What came up?</b>			
<b>Monitoring Checklist: add progressively</b>			
<b>Verification of progress</b>		4 Households finished digging pits. 24 h/h not yet started.	
<b>Community Meetings</b>			
<b>Innovations</b>		NL's has agreed to visit other villages that already built structures to see different options	
<b>Challenges</b>		Communities are struggling with building materials.	
<b>Verification of ODF status</b>			
<b>Other Meetings e.g. Area Champions</b>			

6(c) Sub Village: **Sindizeni**

**Natural Leaders:** N. Gwebityala (0795500368)

<b>2011</b>	<b>September</b>	<b>October</b>	<b>November</b>
<b>Baseline OD Map</b>			
<b>Action Plan</b>	30 Sept 2011: Reported by Community.		By end Nov 2011 NL's focus to achieve ODF status. NL's will conduct Community Meeting as the motivation towards this goal.
<b>Follow up contacts: Who &amp; When</b>			
<b>Meetings with Village NLs: Where, When, What came up?</b>			
<b>Monitoring Checklist: add progressively</b>			
<b>Verification of progress</b>		11 Households finished digging pits. 17 h/h not yet started.	
<b>Community Meetings</b>			
<b>Innovations</b>		NL's has agreed to visit other villages that already built structures to see different options	
<b>Challenges</b>		Communities are struggling with building materials.	
<b>Verification of ODF status</b>			
<b>Other Meetings e.g. Area Champions</b>			

## **Appendix 5 D: Support Organisation Profile and Missions**

An **Organisation Profile** was submitted prior to selection, partnership definition and agreements on deliverables in stages aligned with those prescribed by the CLTS approach.

### **Profile of the Support Organisation selected for CLTS Case Study**

<b>Province: <u>EASTERN CAPE</u></b>					
<b>Municipal Area: <u>AMATOLE DM – Mbhashe Local Municipality</u></b>					
<b>Support Organisation: <u>RURAL SUPPORT SERVICES</u></b>					
<b>NAME OF FIELD PRACTITIONER</b>	<b>PARTICIPATORY METHODS</b>	<b>EXPERIENCE IN SANITATION PROJECTS</b>			<b>PRACTITIONER SKILLS, COMMENTS:</b>
		<b>TECHNICAL SUPPORT</b>	<b>SANITATION PROMOTION</b>	<b>OTHER</b>	
Febbie Masango	SARAR		H &H education	ISD, Research	Experience: sanitation projects (Zimbabwe)
	PHAST		Environmental Health	Training	SARAR methodology
			Training Materials	Advocacy & Lobbying	CSO networks
				Assessor & Moderator	NQF system
				Project Management	MBA
Mncedisi Soxujwa	PHAST		H&H education	Situational analysis	BA Public Administration (UCT)
	PRA		Awareness programs	Education	Experienced fieldworker
				Community Development	
				Facilitation	
				Networking	
Buntu Dumezani	PRA		Social Facilitation		NDip. Tourism
	Asset-based Community Dev.			Community Mobilisation	
	PHAST				
Phumla Khunkwayo	PHAST		Social Facilitation	Rainwater Harvesting	BSc Social Psychology
	Community Development		Community projects		Experienced fieldworker
				Food Gardening	

### **Support Organisation Missions and Quality Assurance**

**Missions** for Rural Support Services (RSS), in partnering with Community Water Supply & Sanitation Unit (CWSS Unit) Cape Peninsula University of Technology (CPUT), are to provide hands on support for communities involved in one Eastern Cape CLTS case study area.

Expectations of the selected CLTS Support Organisation (RSS) that is based in the **Area of Selected Villages most favourable for CLTS** Triggering are that:

- Invoicing is against Deliverables, provided as products of agreed activities
- Verification of each element supplements but do not replace Report submissions

- Verification is through Quality Assurance (QA) aligned with Mission Stages

It was agreed that the CLTS Training & Triggering week, conducted by CWSS Unit in collaboration with Institute of Development Studies, Sussex University (IDS) professionals would be received by RSS staff as a benefit and not constitute a RSS deliverable.

Verification of progress was aligned with three Mission Stages, scheduled as:

- **QA # 1: Ready to Train & Trigger?**  
Pre-Triggering Preparation Report (1)  
Selected Villages, contacts and liaison.
- **QA # 2: Post-Triggering Follow up support?**  
Action Plans and Progress Report (2)  
Monitoring Checklists linked to Village action plans, NLS actions, Household actions and progressive Outcomes.  
Challenges and how these were overcome (or not) will be based on Monitoring evidence (Checklists).  
At least 3 field visits during month following Triggering.
- **QA # 3: Evaluation of outcomes**  
Outcomes and Innovations Report (3) – each Village.

### **Mission 1: Pre-Triggering:**

#### **Support Organisation inception meeting:**

The selected Support Organisation will ensure that Designations and Contact details are provided for Case Study initiation in the area and a regional CLTS Seminar:

- Provide Names and Contacts (local, regional and area stakeholders)
- Provide documentation/contacts for sanitation status quo reference

**Sanitation Profiles** of potential Villages proposed for the CLTS Case Study will be submitted prior to confirming Pre-Triggering field visits

- Protocol and appropriate community liaison will be reported and constitute the basis for planning a field visit.
- A Field Planning meeting will be conducted to establish deliverables prior to the field visit to select Villages favourable for the CLTS approach

#### **Pre-Triggering Field Visit:**

- Locate RSS data (profiling of proposed villages)
- Village Sanitation profiles – based on Ranking Tool criteria
- Confirm Area and participation of selected Villages
- Confirm appropriate protocol and key contacts

#### **QA # 1: Ready to Train & Trigger? Pre-Triggering Preparation Report (1)**

- Selected Villages, contacts and liaison.

### **CLTS Seminar and CLTS Training & Triggering:**

RSS may use the seminar to showcase their organisation in a presentation slot that focuses on RSS capacity to carry out support role for the first Case Study (in Eastern Cape).

**CLTS field-based Training of key RSS Staff** incorporates the **CLTS Triggering of Villages**. Led by IDS, Plan International-Kenya and CWSS Unit, CLTS Training & Triggering constitutes support provided by CWSS Unit to RSS.

**Triggering Reports for each Village** by all participants in Field Teams during the Training and Community Report backs after Triggering constitutes quid pro quo in respect of support received. As RSS will need reports on each Village in order to guide their support role for Mission 2 it is in their interest to make a concerted effort to capture all reporting on and by villages during the CLTS Training & Triggering.

### **Mission 2: Post-Triggering Follow up:**

**Action Plans** will be written up with details of **Natural leaders (NLs)** in each Triggered community by RSS, submitted as a basis for Mission 2's Post Triggering follow up and support.

- Contact will be maintained with Natural Leaders in each Village.
- Submit to CWSS Unit for WRC Report

**RSS Progress Reports:** *from first week September*

1. Action plans emanating from CLTS Triggering of four (4) Villages
2. Baseline sanitation profiles from Maps (clear pics) – NLs refine, add details
3. Monitoring Checklist produced by NLs during RSS contacts to encourage and support during field visits and meetings. Indicators of progress are based on Maps and Action Plans initially, and then refined and added to by Natural Leaders based on experience.

### **QA # 2: Post-Triggering Follow up? Action Plans and Progress Report (2)**

- **Post Triggering Follow up Plan** will be agreed after Triggering in case study villages. Submit activity plans and estimated costs to CWSS Unit – within two (2) weeks following the Triggering.
- **Monitoring Checklists** will be developed and reproduced by RSS – submitted to CWSS and used to guide the on-site verification of indicators of progress.
- **QA # 2 verification field visit** will be conducted by the CWSS Unit within one month after approving Post Triggering Plans. Verification field visits will be arranged and confirmed by RSS

### **Mission 3: Evaluation of Outcomes**

#### **QA # 3: Evaluation of case study. Evaluation and follow up support (3)**

- **Evaluation of outcomes and innovations** in each Village will be based on Village level monitoring
- A **Verification** field visit will be arranged and confirmed by RSS
- Evaluation will include **NLs reflection on achievements and challenges**.
- Natural leaders will play a key role in providing feedback based on monitoring.
- Feedback on support provided will be included in Evaluation.

### **Support Organization’s Evaluation of Case Study**

Conducted as part of **Mission 3: Evaluation of outcomes**, the experience of the support role of an NGO, in this case RSS, was one focus of the case study evaluation. RSS was notified at the end November 2011 that information feeding into evaluation would include:

- o Reports of outcomes in each Village will be based on Village level monitoring
- o A Verification field visit on reports (approximately 4 months after Triggering)
- o Evaluation will include NLs in reflection on achievements and challenges.
- o Natural Leaders will play a key role in providing feedback based on monitoring.
- o Feedback on support provided will be included in Evaluation
- o Reports of innovations in each Village will be based on Village level verification

It was also confirmed that the Natural Leaders in each Triggered sub Village would continue to play the key role in field-based observations to verify:

- o reported progress towards ODF in each sub-village
- o outcome reports submitted by RSS
- o community innovations reported by RSS

### **Case study evaluation by the Support Organisation – RSS team** (27/01/2012)

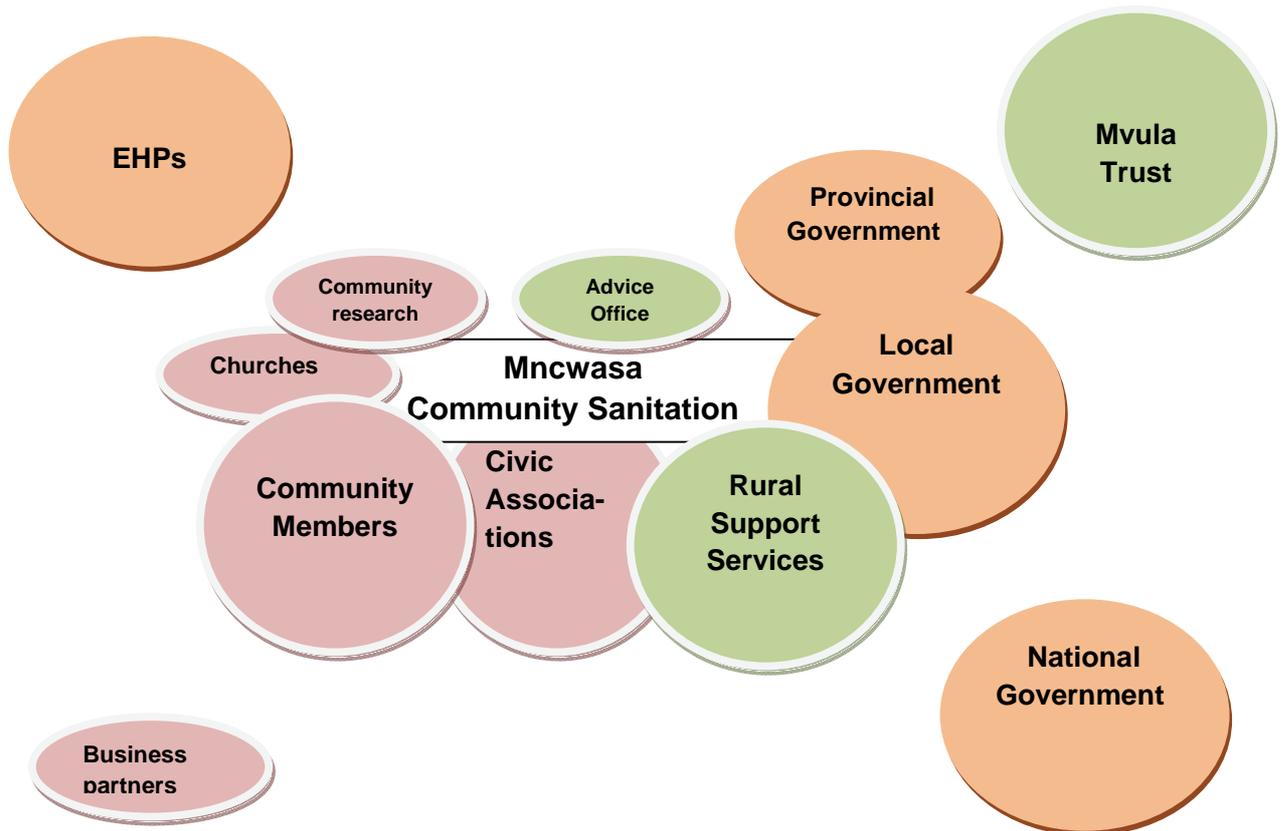
Evaluative questions to those involved were conveyed in a questionnaire, individual interviews and a focus group session to generate data for the support role in the case study experience. The initial focus group session focused on relationship between community sanitation and all levels of institution using a Venn diagram as a tool to prompt discussion. After compiling a comprehensive list of all the organizations that the group could identify as involved, they described each listed organization’s contribution.

#### **RSS list of organizations which can contribute to community sanitation:**

<b>WHO?</b> (can contribute)	<b>WHAT?</b> (can they contribute)
i) Mvula Trust	Masibambane 2, Health & Hygiene Promotion.
ii) Wilo-Mqanduli Advice Office	Lobbying and Advocacy for WATSAN
iii) Community Development Workers	Raising community sanitation profile to the municipality
iv) CSOs: NGOs; Churches;	Community outreach
Environmentalists; Research	
Organisations; Civic Associations.	Provision of community sanitation facilities.
v) Local Government	Sharing of skills with emerging contractors. Promote
vi) Business partners	locally based goods/materials.
vii) Community members	Ensures that community sanitation becomes the main
	priority in the IDP

The focus group was requested to decide on the relative importance of each of the listed organizations to community sanitation in the case study area of Mncwasa, and decide on a

small, medium or large size of card to depict the significance. These cards were then placed at a relative distance or closer to the central community to show their impact on sanitation, The results of their choices in constructing the Venn Diagram (shown below) depicts the consensus RSS practitioner view of the relative importance and impact of these organizations on community sanitation, as reflected in the size and distance from community sanitation in the case study area (Mncwasa). In addition, overlaps or distance from each other shows relationship between the listed organizations.



**Figure: Venn Diagram depicting organizations related to community sanitation**

Detailed questions about actual experience rather than speculation generated a perspective of the support role in CLTS. The support role is most active in the Post Triggering stage. A questionnaire (see specific questions containing 15 questions in attached table) was presented to individual staff on the RSS team involved in the CLTS case study to fill in on their own, consulting the researcher where necessary.

Responses to questions were collated into the research framework where comments, points and suggestions are distributed as elements that are most relevant to the Community, Institutions or the Programme at each stage of the CLTS cycle. This data is considered as a key contribution to discussion of lessons learned from the case study (Chapter 5).

**Table: Evaluation of the case study: Support organization responses**

<b>CLTS stages</b>	<b>COMMUNITY elements</b>	<b>INSTITUTIONAL elements</b>	<b>PROGRAMME elements</b>
<b>PRE-TRIGGER (Prepare)</b>	Target for training Community based organisations, e.g. Village Health Workers.	<u>Select experienced NGOs:</u> water & sanitation, H&H training, rural communities. <u>Understanding of CLTS</u> principles and outcomes. <u>Recruit NGOs</u> and specialists for CLTS Training.	<ul style="list-style-type: none"> <li>• Checklist of appropriate conditions</li> <li>• Consultative meeting with local leaders</li> <li>• CLTS Training of external agencies</li> </ul>
<b>TRIGGER (Mobilise)</b>	<u>Skills dev:</u> facilitation, communication, probing, advocacy, presentation, leadership. Community may lack commitment – motivated to please external facilitators.		<ul style="list-style-type: none"> <li>• CLTS Training of Natural Leaders in facilitation and follow up.</li> </ul>
	<u>NLs</u> mobilize community, based on familiarity with local knowledge, conditions.	Use of local language. Understanding target group.	<ul style="list-style-type: none"> <li>• Understanding content of CLTS approach.</li> <li>• Subsidy expectations</li> </ul>
<b>POST-TRIGGER (Follow Up)</b>	<u>Local leadership</u> has demonstrated their honouring of Action Plans for ODF to their communities. <u>NLs</u> must be available, <u>NL skills</u> to respond to problems, motivate, communicate, advocate and encourage ODF. NLs organised meetings and carried out liaison with Chiefs.		<ul style="list-style-type: none"> <li>• NL communication at interfaces between village residents, traditional leadership and support organization/s.</li> </ul>
	Local materials for toilets: sticks, poles, timber, maize bags, old rainwater tank. Buried faeces until toilets completed – Refrained from OD, encouraged neighbours and relatives. Latrines that are user friendly to children.	Work with: Ward Councillors and Committees; Traditional Leaders.	<ul style="list-style-type: none"> <li>• Feedback meetings</li> <li>• Photos of innovations</li> <li>• Transect walks – check OD</li> <li>• Progress report checklist</li> <li>• ODF indicators: No more faeces visible around water source; reduction in health hazards; Drop in cholera/related diseases</li> </ul>

Individual interviews culminated in an additional reflection by each of the active RSS staff . Their reflective responses collated against each question are collated below:

**1/ What worked well for you?**

- Working with community. Understanding their way of living.
- Natural leaders. NL meetings – all of them.
- CLTS Triggering. Some people were positive and easily understood, and some not

**2/ What were the main challenges?**

- Building of toilets. Convincing them to follow CLTS approach was difficult as toilet issues kept coming up.
- Timing was a challenge:
  - Politics of electing new councilors in an area too close to related toilet delivery
  - Planting season of subsistence farmers

- End of year school exams
- The first experience of CLTS for RSS
- People thought it was about digging holes after the triggering (toilet delivery mindset)
- Follow up visits where there was a lack of progress despite NLs decision to go on
- NLs were busy – difficult to contact by phone
- NLs not reporting accurately on progress.

**3/ what would you do differently?**

- Target communities where there has been a cholera outbreak recently.
- Reporting on progress needs more time with NLs in field. Distance an issue- travel time.
- Training of Natural leaders on CLTS Triggering.
- Training on a local level to ensure that the subsidy mindset changes.

Although a questionnaire format was used for individual interviews, the questions are related to the research framework, as illustrated in the attachment below:

**Attachment: Table of Interview Questions for Evaluation by NGO as Support Organisation**

CLTS	COMMUNITY elements	INSTITUTIONAL elements	PROGRAMME elements
<b>PRE-TRIGGER</b> <i>(Prepare)</i>	1/ How would you go about establishing that selection of favourable conditions for CLTS is honoured by local leadership?	2/ What criteria should be applied in selecting an organisation to support community led sanitation initiatives using CLTS?	3/ Who should be recruited for training to facilitate CLTS Triggering?
<b>TRIGGER</b>	4/ What are the three most important skills required for facilitation?		
<b>POST-TRIGGER</b> <i>(Follow Up)</i>	5/ Who should be trained to provide follow up support? 6/ What is the role of a Natural Leader? 7/ What are the 3 most significant ways to support this role? 12/ What were the 3 most innovative actions by Natural leaders or community members that you noted?	8/ What are 3 most important capabilities required for adequate supporting Natural Leaders? 10/ Based on your experience, What are the main components in planning follow up of Triggering? 12/ How did you follow up and report on community innovations? 14/ What are 3 key lessons from your experience of carrying out a Post Triggering support role? 15/ How would you improve on the follow up support that you provided?	9/ What was missing from planning and the activities listed in the <i>Post Triggering Follow Up: Progress Reporting</i> sheet provided – What was unclear or unnecessary? 11/ What are the 6 most important items that should be present in a <i>Monitoring Checklist</i> to cover all elements of follow up support? 13/ What are the key indicators of ODF achievements? <i>List</i>

## **Appendix 6 A: Natural Leaders' Evaluation of case study**

CLTS Case Study Evaluation: Date 23<sup>rd</sup> January 2012

### **Venue: Mr G. Mpande's House**

The Eastern Cape Natural leader's focus group meeting was held on the 23<sup>rd</sup> of January 2012 at Mr Mpande's House in Ncityana village a sub village of Phuthuma under Chief Vulinkethe Zunguzane. The Participants included the Natural leaders from the selected villages triggered in August and September 2011.

### **ATTENDANCE:**

<b>NAME &amp; SURNAME</b>	<b>VILLAGE</b>	<b>SUB-VILLAGE</b>
Nombuyiselo Nvu	Khotyana	Zikhewu
Simlindile Noxaka	Khotyana	Zikhewu
Yolisile Siqabu	Khotyana	Magogotha
Bantu Makhwenkwe	Ndungunyeni	Mgojweni
M.A Mpande	Phuthuma	
Zukiswa Mbhona	Mgojweni	Lower Mhlothe
S. Nokhubela	Phuthuna	Matamama
G. Mpande	Phuthuma	Phuthuma

### **Opening**

Meeting was opened with a prayer after the attendance register was circulated. CLTS team introduced themselves and explained the purpose of the visit as for evaluation of a case study, support organisation and the progress in each village.

### **Progress Report**

Natural leaders were asked to brief us about the progress in their villages where they explained that the majority of the houses has already dig the holes but now their biggest challenge is to put the top structures. They listed all the villages in descending order of progress. Phuthuma village was agreed to be the most progressive village.

When we asked them to explain why there was more progress in some villages than others they explained some variables such as:

- Rumours of VIP delivery affected motivation
- Some Natural Leaders are not active or even present in villages

We thanked the Natural leaders for their effort of digging pits. We then asked the Natural Leaders if are there any other things done besides digging holes.

They told us people are no longer shitting near water streams and springs where they fetch drinking water. Some people bury it hence you no longer find it visible anywhere.

## Challenges

In the discussion Mr Liyemka Siqabu who is a Natural leader from Khotyana raised an issue of his community where people dig the holes but they are waiting for government to provide top structures. He expressed his concerns about people from his village who cannot afford to make their own local material to do the toilets based on mostly being old pensioners and the youngsters are unemployed. He also said there was an assumption in his village that after digging holes government or Municipality will provide toilets hence people quickly dig holes. He then raised questions like where do CLTS think they get the money or power to do the mud bricks while they are unemployed.

We explained that CLTS approach does not say people must build toilets. The focus is Total Sanitation therefore there are many ways to stop open defaecation. She presented a sanitation ladder and she shared a range of methods, such as: chinese trenches and cat method where you bury your shit and there is also a benefit in that because that can also be the Manure for your plants. After the Sanitation ladder explanation NLS said they were clear. Mr Siqalo who is the Natural Leader in Khotyana understood the whole concept and said he will call another meeting in his community and explain to them again what CLTS is all about because he feels that people might have not understood the triggering.

### Venn diagram:

Venn diagrams illustrated the influential institutions that take responsibility for community sanitation in Mncwasa Village. Participants divided into two groups and were asked to first list the organisations they think play a role in Community Sanitation in Mncwasa Village and explain their roles and responsibilities of these organisations. The table below shows different institutions and their roles in community sanitation.

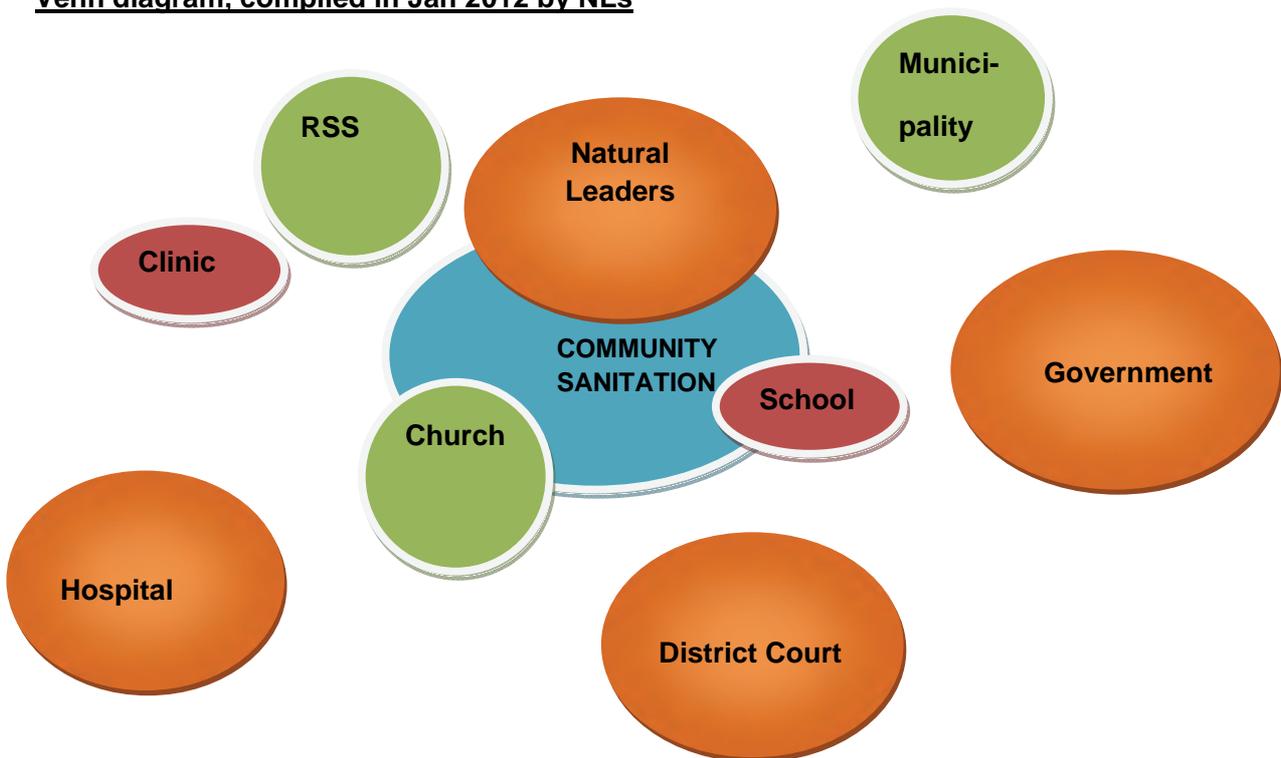
Institution	Roles and responsibilities.
Hospital	<ul style="list-style-type: none"> <li>▪ Communities get help when they are sick</li> </ul>
Clinic	<ul style="list-style-type: none"> <li>▪ Helps children with injections that prevent disease like Missiles, also help us get our day to day health needs.</li> </ul>
School	<ul style="list-style-type: none"> <li>▪ Educate children. And when there is a cholera outbreak teachers will invite health practitioners to come do awareness.</li> </ul>
Church	<ul style="list-style-type: none"> <li>▪ Serves as the venue for any health and hygiene awareness or any other workshops. Also help to educate communities about the relationship with god so they can respect one another.</li> </ul>
Rural Support Services	<ul style="list-style-type: none"> <li>▪ Educate Communities about open defaecation free environment.</li> </ul>
Natural Leaders	<ul style="list-style-type: none"> <li>▪ Share their knowledge that will be beneficial to their community</li> </ul>
Government	<ul style="list-style-type: none"> <li>▪ Provide Subsidy, ( Water, Roads, Toilets, Electricity, Houses</li> </ul>
Police station	<ul style="list-style-type: none"> <li>▪ Help with Crime stop</li> </ul>

After the list of institutions was completed participants were required to transfer the information into cards that are in different sizes small, medium and large, and they had to

### Pre-Triggering Learner assignment 2

**VENN DIAGRAM** Identify the impact of organisations on community sanitation and explain how they relate to the community? The most important has the biggest circle of card, and the least important to the smallest size. The sizes were moved by Natural leaders to show their influence in community.

### Venn diagram, compiled in Jan 2012 by NLs



The Lead Researcher finally asked the question of ***Whose project is this?*** Natural leaders said they understand it as their project.

### **Key Challenges raised by Natural leaders:**

- Time when triggering was done turned to be the challenge because it was close to the planting season that start from September to end of February or March.
- Delivery of Toilets in the neighbouring Kulombethe village affected Mgojweni and Sirhoboxeni's motivation.
- Misunderstanding of triggering by some community members in some villages like Mgojweni and Khotyana.
- Provision of water taps happened in November and December in some villages.
- Closed forest resource – prevented community members to get the sticks and poles
- Exam period prevented school kids to assist with mud bricks.

- Recognition of Natural leader's hence Natural leaders suggested T-shirts that identify them.

**Natural Leaders Suggestions:**

- After Natural Leaders are selected a follow up triggering in each village with CLTS trainers would be an advantage before as they don't get to understand it in that one day of triggering at school.
- Natural leaders get their own full training before they are expected to come and apply to their village after seeing the triggering once and they don't get to understand the whole subject.
- Chief has a huge impact on the village if they can be triggered as well so they understand it because communities listen to what their chiefs are saying once they are triggered when they come back everything they ask the communities to be done it will be done with no doubts and hassles.

## Appendix 6 B: Phuthuma Village Outcomes

Phuthuma Village Chief: Amos Zunguzane (0742915651)

Headman: V. Zunguzane (0732344513)

<b>B 1: Sub-Village: <u>Phutuma</u>. Total Households: 76</b>		<b>Natural Leader: <u>Mr. S. D. Nokhubela (0835145105)</u></b>	
	<b>August</b>	<b>September</b>	<b>October</b>
<b>Baseline OD Map</b>	23/08 CLTS Triggering – Phuthuma school grounds	By end Sept most people had finished digging Pits	Progressively everyone wanted to finish digging pits
<b>Action Plan</b>	25/08 Community Report back	People dug pits and started a range of latrine structures.	Latrine building deferred due to planting season rains. People stopped defaecating near streams, river – use of “cat method”
<b>NL Meetings</b>		29/09 Verify RSS/NL progress reports, requested clarity on Sub-Villages.	Mr Mpande’s house – NLs monitor, share progress reports: material used and plans for ODF
<b>Monitoring Checklist:</b>		29/09 Indicators for progress to ODF vs. counting pits and toilets prompted	Monitoring indicators applied by NL – but not recorded by RSS: Safe for children to use; Parental supervision of children; Keeping toilets clean; No shit in the open or near water sources; Reducing fly breeding; Reducing cases of diarrhoea. • People are no longer shitting near water sources
<b>Verify progress</b>			Use, repair and maintenance of existing pit latrines (before triggering) also monitored by NLs towards stopping OD.
<b>Innovations</b>			Pits and platforms – easier screens made vs. solid top-structures when secluded
<b>Challenges</b>			Planting season – intensive labour when rains come
			People taking ODF seriously – showing disgust on shit being in open and seen by all. Also covering it.
			Shit was not found anywhere. Those who have new/ old latrines are using them.
			ODF deferred to end March 2012
			23/01/2012 NL Focus Group Evaluation. Plans to select Chair for joint NL meetings.
			24 / 01 No shit found next to the river. Children using toilets.
			24 / 01 Seat lid added. 6 innovations; 2 zinc @ R1,200.
			Innovative platforms, seats and top structures using old zinc, wooden poles
			Forest materials not available. Children writing exams – not making mud bricks.
			Zikhokotha VIP delivery slowed things down – dealing with rumours of delivery.

**B 2: Sub village: Matamama      Total Households: 29      Natural Leader: Mr G. Mpande (0795500368)**

<b>2011</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January 2012</b>
<b>Baseline OD Map</b>	23/08 CLTS Triggering – Phutuma school grounds	By the end of September most people finished digging Pits	Progressively- everyone wanted to finish pits	Certain individuals stopped shitting near the river some used their holes and covered up when finished	People taking ODF seriously – show disgust when shit in open and seen by all. Also covering it.	Shit was not just found anywhere. Those who finish their toilets are using them.
<b>Action Plan</b>	25/08 Community Report back			Latrine building deferred due to rains – planting season		ODF: By end March 2012
<b>NL Meetings</b>		29/09 Verify RSS/NL progress reports, requested clarity on Sub-Villages.			Mr Mpande's house – Monitor, share progress reports: material used for finished toilets and plan for ODF	NLs Focus Group evaluation 23/01/2012 NLs planning: Chairperson , Chief's influence: should actively champion – urge residents
<b>Monitoring Checklist:</b>		29/09 Indicators for progress to ODF vs. counting pits, toilets	Monitoring indicators applied by NL – but not recorded by RSS: Safe for children to use; Parental supervision of children; Keeping toilets clean; No shit in the open or near water sources; Reducing fly breeding; Reducing cases of diarrhea. • People are no longer shitting near water sources			
<b>Verify progress</b>						24/01 8 previous toilets, 21 holes dug.
<b>Innovations</b>					Mr Mpande's spacious "reading room" – with sofa back.	Neighbour to assist widow with platform building after planting
<b>Challenges</b>			Platforms and seats.	Forest materials not available. Children writing exams -not making mud bricks.	Delivery of Toilets in Zikhokotha and resistance to own solutions dealt with.	Planting season – CLTS Triggering of all households in Village

**Appendix 6 C: Zikholokotha Village Outcomes**

Zikholokotha Village Chief: Amos Zunguzane.(0742915651)

Headman: Mr Lumphondo (0732097167)

**C 1: Sub-Village: Khweleni Total Households: 31 Natural Leader: Mr C. Qhwetha (0730738035)**

2011	August	September	October	November	December	January 2012
Baseline OD Map	<i>Sanitation profile</i>	People still practicing OD.	Communities were struggling to get building material.	Community Members were still practicing OD but shit was not as visible like before the triggering.	OD was still practiced but you could barely find shit even when you walk on the bush.	People are no longer shitting nearby.
Action Plan	<b>25/08 Report by Community</b>	All community members started digging pits.		By end of <u>March</u> hoping that everyone would be using their toilets and the village will be open defaecation free.		
NL Meetings	26/08 see Plan	29 <sup>th</sup> September NL's meeting held at Mr Mpande's house for monitoring and sharing of progress in each village.			23/01/2012 Natural Leaders focus group meeting could not attend due to the death of a close family member at Mr Qhwetha's house	
Verify progress		<b>First toilet completed</b>	People stopped working hard for toilet structure because Government delivered toilet to Kulombethe the nearby village.	Accessible safer for children. Reduce flies	12 Households still have holes, 2 finished after triggering 19 H/H have government subsidy.	
Innovations		<b>Child seat</b>				
Challenges	<b>Toilets counting</b>		Government delivered slabs	Mbhashe Municipality delivered Toilet.	Toilet delivery. People stopped looking for structures. People were busy with planting season	Pits full of water from rain and groundwater? Flies and Mosquitos breeding

**Appendix 6 D Mgojweni Village**

**Mgojweni Village Chief:** Amos Zunguzane.(0742915651) **Headman:** Xhalisile (0788632540)

<b>D1: Sub Village: <u>Madi</u></b>		<b>Total Households 26</b>				<b>Natural Leader Bool Peteni (0739993284)</b>	
<b>2011</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January 2012</b>	
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	By the end of September most people finished digging Pits	<i>Progressively everyone wanted to have their holes done</i>	Certain individuals stopped shitting near the river some used their holes and covered up when finished	People were taking the study seriously and started to show disgust on their shit being openly seen by everyone by covering every time they finish.	Shit was not just found anywhere. Those who finish their toilets are using them.	
<b>Action Plan</b>	<b>25/08 Report by Community</b>						
<b>NL Meetings</b>	26/08 see Plan	Mr Mpande's house- Monitor, share progress reports: material used for finished toilets and plan for ODF.		23 January 2012 Natural leaders are planning to select a Chairperson for all the CLTS meetings in Mncwasa Village.			
<b>Verify progress</b>					People are no longer shitting near water sources No shit was found next to the river.		
<b>Innovations</b>							
<b>Challenge</b>	Misunderstanding of Triggering from the community members who attended the triggering		Rumors of Government provision.	Planting season. Delivery of Toilets in Kulombethe village		Planting season	

D 2: Sub Village: Ndungunyeni

Total Households 13

Natural Leader Bantu Makhwenkwe (0836212410)

2011	August	September	October	November	December	January 2012
Baseline OD Map	Sanitation profile	By the end of September most people finished digging Pits	Progressively everyone wanted to have their holes done	Certain individuals stopped shitting near the river some used their holes and covered up when finished	People were taking the study seriously and started to show disgust on their shit being openly seen by everyone by covering every time they finish.	Shit was not just found anywhere. Those who finish their toilets are using them.
Action Plan	<b>25/08 Report by Community</b>			By the End of February call a meeting for a mini explanation of what CLTS is all about.	Active natural leaders are planning to triggering. Clarification and	
NL's Meeting	26/08 see Plan			Mr Mpande's house NLs monitor, share progress reports: material used and plans for ODF	25 January 2012 Case study evaluation. Active Natural leaders	
Monitoring Checklist						
Verify progress		<b>4 households finished digging pits</b>	6 households finished digging pits		10 households finish digging pits. People are no longer shitting near water sources	No shit was found next to the river.
Innovations	<b>Toilets counting</b>					
Challenges	Sanitation profile	Misunderstanding of Triggering from the community members who attended the triggering	Rumors of Government provision.	Planting season. Delivery of Toilets in Kulumbethe village		Planting season intensive labour when rains come.

D 3: Sub Village: Lower Mhlothe Total Households 26 Natural Leader Zukiswa Mbhoma (0789735858)

2011	August	September	October	November	December	January 2012
<b>Baseline OD Map</b>	<i>Sanitation profile</i>	By the end of September most people finished digging Pits	Progressively everyone wanted to have their holes done	Certain individuals stopped shitting near the river some used their holes and covered up when finished	People were taking the study seriously and started to show disgust on their shit being openly seen by everyone by covering every time they finish.	Shit was not just found anywhere. Those who finish their toilets are using them.
<b>Action Plan</b>	<b>25/08 Report by Community</b>			By the End of February Active natural leaders are planning to call a meeting for a mini triggering. Clarification and explanation of what CLTS is all about.		
<b>NL's Meeting</b>	26/08 see <i>Plan</i>			Mr Mpande's house NLs monitor, share progress reports: material used and plans for ODF	23 January evaluation meeting	
<b>Monitoring Checklist</b>						
<b>Verify progress</b>		<b>4 households finished digging pits</b>	6 households finished digging pits			26 <sup>th</sup> January field visit – meeting called by NL in Magogotheni
<b>Innovations</b>	<b>Toilets counting</b>					All households have dug pits
<b>Challenges</b>	<i>Sanitation profile</i>	Misunderstanding of Triggering from the community members who attended the triggering	Rumors of Government provision.	Planting season. Delivery of Toilets in Kulombethe village		Planting season intensive labour when rains come.

**D 4: Sirhoboxeni Village**

**Sirhoboxeni Village Chief:** Amos Zunguzane (0742915651)

**Headman:** Xhalisile (0788632540)

**D 4 :1 Sub Village: Fulamde**      **Total Households:** 53      **Natural Leader:** Noposile Qobo (0726493413)

	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January 2012</b>
<b>Baseline OD Map</b>	<i>Sanitation profile</i>					
<b>Action Plan</b>	<b>25/08 Report by Community</b>					
<b>Follow up contacts: Who &amp; When</b>	26/08 see Plan					
<b>Meetings with Village NLS: Where, When, What came up?</b>			9 Oct 2011 NL's meeting to motivate one another and sharing of other methods of achieving OD			23 January evaluation meeting
<b>Monitoring Checklist: add progressively</b>						
<b>Verification of progress</b>	<b>Toilets counting</b>					26 <sup>th</sup> January field visit – meeting called by NL in Magogotheni
<b>Innovations</b>	<i>Sanitation profile</i>					
<b>Challenges</b>	<b>25/08 Report by Community</b>		Rumors of toilet subsidy in the neighborhood village	Planting season started		People are concentrating on their gardens because of January rains.

**Appendix 6 E: Khotyana Village**

**Khotyana Village Chief:** Amos Zunguzane (0742915651)

**Headman:** Xhalisile (0788632540)

<b>E 1: Sub Village: <u>Magogotheni</u></b>		<b>Total Households 47</b>		<b>Natural leaders Liyemka Siqabu (078 9964212)</b>	
<b>2011</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January 2012</b>
<b>Baseline OD Map</b>					Water taps were delivered.
<b>Action Plan</b>	30 Sept				
<b>NL Meetings</b>			14 Nov 2011 NL's meeting with Mr Nokhubela visiting them sharing the local materials used by his community trying to motivate Khotyana village to start with their top structures		23 January evaluation meeting
<b>Monitoring Checklist</b>					
<b>Verify progress</b>					26 <sup>th</sup> January field visit – meeting called by NL in Magogotheni
<b>Challenges</b>	Toilets provided Kulombethe village raised peoples hope that they will also be provided with toilets.		People started to complain saying how are they expected to build their own toilets while government is providing for others. Planting season		Planting season
<b>Verification of ODF status</b>	Slowly people stopped shitting near their water sources				People are still practicing OD but very far from the river.
<b>Other Meetings Area e.g. Champions</b>		9 Oct 2011 NL's called chiefs to explain the triggering and its purpose.			

## **Appendix 7 A: CLTS Stakeholder Seminar and Participants**

### **Summary report of CLTS Stakeholder Seminar, East London – 18<sup>th</sup> of August 2011**

#### **1. Seminar Programme**

- 11:00 Welcome, Introductions and Purpose of CLTS Seminar (CWSS)
- 11:30 South African Sanitation Context: Opportunities and Challenges (CWSS)
- 12:20 What is CLTS? Sharing global experience (IDS)
- 13:20 LUNCH
- 14:20 African experience of CLTS: Sharing Lessons (Plan-Kenya)
- 15:00 CLTS in South Africa: Focus Group Questions & Discussions
- 16:30 Support Organization: Pre-Triggering report of Village Selection
- 17:00 CLOSURE, and additional Stakeholder Contacts

##### 1.1 Introduction

All stakeholders (see attached Attendance Register) were welcomed to the first CLTS Seminar in South Africa. The Water Research Commission pilot study intention was presented and explained as a learning opportunity.

In a classic CLTS introduction participants were requested to gather in a rough circle on the floor to introduce themselves, their organizations and share their hobbies with four other persons. Finally they were to share responses to the question:

- *When is the last time I defaecated in the open?*

As part of the icebreaker use of the word “shit” was introduced. Much sharing reflected on rural Eastern Cape norms, including the chief who demonstrated, amidst much laughter, how people hold onto a tree while shitting. Some had been years ago and others just that morning. After the introduction, participants were asked how they felt about disclosing the last time they defaecated in the open. Below are some other responses:

- “I felt embarrassed about disclosure and I was not sure whether to lie or tell the truth”.
- “I spent a few moment trying to remember how I looked like when I was “shitting” in the open”
- 

##### 1.2 Purpose of the CLTS Seminar

At this session participants were asked to share with each other in small groups of the neighboring participants on “why are you interested on the CLTS Seminar?” and write their reasons onto a newsprint.

Below are the answers per group:

**Table A: Reasons that participants are interested in the CLTS stakeholders Seminar**

<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>	<u>Group 4</u>	<u>Group 5</u>
<ul style="list-style-type: none"> <li>✓ To learn about community based sanitation</li> <li>✓ To share tools and methodologies that could address the challenges faced in the sanitation sector.</li> <li>✓ To learn the new approach (CLTS) on sanitation</li> </ul>	<ul style="list-style-type: none"> <li>✓ We have waterborne related problems and diseases (cholera) in our area caused by faeces washed in to the water sources and we want to learn the way to fight them (problems).</li> <li>✓ We want to learn more about sanitation structures operation and maintenance</li> <li>✓ To learn what have been done with sanitation backlogs.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Want to be sure what CLTS is all about</li> <li>✓ We want to learn if CLTS can be applicable to the South African conditions</li> </ul>	<ul style="list-style-type: none"> <li>✓ To Learn how to assist communities better</li> <li>✓ Motivate communities to own up to their own sanitation strategy and take responsibility for their own health and hygiene</li> </ul>	<ul style="list-style-type: none"> <li>✓ To learn more about CLTS and the project plan</li> <li>✓ Interested in commitment of the stakeholders</li> <li>✓ To observe if CLTS is applicable to South African Legal framework and if it is possible for the two to work together.</li> </ul>

After reasons they were interested in the CLTS Seminar were shared, 3 presentations contextualized the pilot study in South African sanitation conditions, shared international CLTS experience and lessons from African countries.

## 2. Presentations

2.1 WRC Pilot Study: CWSS welcomed participants. Explaining the purpose of the study stakeholders were invited to share in the collaborative learning opportunity. Setting the scene for discussions included questions (listed below) posed to stakeholders in each presentation to prompt reflection, comments and input (see Appendix 1B for detailed presentations).

### 2.2 Sanitation in South Africa: Challenges and Opportunities (CWSS)

- Where do more than 10.5 million without sanitation facilities defaecate?
- How many people defaecate in the open area in South Africa?
- Why does our sanitation backlog persist despite the policy and budget modifications?
- Has the Local Government Turnaround Strategy, adopted by Cabinet in December 2009, met its objectives?
- Where have there been successes?
- What is unique about places where there have been successes (e.g. were they rural areas?)
- What have we learned from our experience in sanitation?
- How can we continue to learn?

### 2.3 What is CLTS? Sharing Global Experiences CLTS (IDS)

- What are some of the local names for “shit”?

#### 2.4 African experience of CLTS: Sharing Lessons (Plan-international Kenya)

- What changes are necessary, if any (conceptual or methodological), to make CLTS work in Africa?
- Can the CLTS approach really work in South Africa?

#### 2.5 Pre-Triggering report of Village Selection and Support Organization (RSS)

- How can communities be supported?

### **3. Stakeholder Participants Discussion: Comments and Questions**

#### 3.1 Eastern Cape Provincial Government (DWA and DHS) inputs

##### **Comments and concerns:**

- Definition of sanitation is no longer current and needs refining. The new White Paper is reworking the definition – will be available next year in March.
- Our backlogs stand at 2.6 million households – with about 6-8 pp per h/h. Are statistics for people or households?
- We have R1.2 billion for the next 3 years for the whole country. Allocations for both water and sanitation services from Municipal Infrastructure Grant (MIG) are a limitation.
- The department of education and clinics is included in that budget.
- Our current legal framework encompasses PHAST/SARAR trained Health and Hygiene workers – reports get to Parliament and deviation needs to be justified.
- “Create Demand” (2001-2005) strategy to provide sanitation has been dropped from the government’s strategy.
- Toilets subsidies to communities have resulted in less sense of ownership, the municipality still have to convince some households to use toilets as some are used as storage facilities for the maize.
- South Africa has fulfilled the MDG requirement to half the sanitation backlog by 2015, however if CLTS is utilized accordingly it could be a stepping stone to better hygiene to our people.
- Open Defaecation Free as target standard

##### **Questions:**

- *Can CLTS form part of our building blocks?*
- *Why are municipalities failing to eradicate the sanitation backlog despite the budget?*
- *What are they doing wrong?*

#### 3.2 District, Local and Metropolitan municipalities general inputs

##### **Comments and concerns:**

- Politically we need to get buy in, but maybe we should not wait for it to learn about CLTS
- We use PHAST for creating Health & Hygiene Awareness
- We must not set up expectations from communities
- We need VIPs in our village (Mount Frere)
- South African sanitation policy requires the poor to be prioritized when it comes to projects.

**Questions:**

- *How are we going to integrate this approach with the way we do things now?*
- *Is it possible to be “kinder” in use of the word “shit”? If people are disgusted, they will not be open to use it as a resource, as compost for example.*
- *How is CLTS going to be integrated into the current South African Sanitation policy?*
- *How was the Amatole District municipality prioritized for this pilot over other district municipalities?*
- *Are councilors aware of this pilot study in their area?*

**3.2.1 Amatole District Municipality’s (ADM) specific inputs**

ADM participants were requested to explain what the “Accelerated Sanitation Programme (ASAP)” is and how it works, as the first case study is located in their area. It was explained as:

- Identify backlog in each region and then divide into manageable areas.
- Cannot do in one go due to limitation of finances – dependent on accessing R1.2 billion.
- Government strategy to eradicate backlog is what we must do.
- Four (4) Service Providers will be appointed.
- The preferred technology is a moveable toilet structure when pit is full.
- People will dig their pits to contribute labor and demonstrate buy in.
- A Social Facilitator will compile a baseline, and do the Health & Hygiene part.
- Contractors will construct supplied toilet and assist people with pits where necessary.
- Mbhashe Municipality is one area identified for the ADM roll out.

**ADM’s Specific Questions:**

- *What will be the outcomes of community interaction?*
- *How will ADM respond to a new type of idea left with the community?*
- *How to fit providing a toilet structure with community driven initiatives?*
- *How is the council going to deal with issue of subsidies while encouraging CLTS at the same time?*
- *Isn’t CLTS pilot study going to hinder the Accelerated Sanitation Project (ASAP)?*

**3.3 Non-Government Organisation (NGOs) and Civil Society Organisation (CSOs)inputs****Comments and concerns:**

- Taking a spade to the bush to dig a hole to cover the feces undermines human dignity because everyone will know that one is going to shit when one passes with a spade.
- Digging a hole is a difficulty in dry areas /seasons.

**Questions:**

- *Is digging a hole to shit in and cover afterwards part of practicing open defaecation?*
- *How long does it take from the piloting of the project to see change or action happening in the communities?*
- *Who pays for all the CLTS facilitation pre-triggering and triggering?*
- *What are the activists’ perspectives, about CLTS? Don’t they feel we are shaming people into wanting sanitation?*

### Attachment 1: CLTS Seminar Stakeholder Confirmations and Contact List

List of the sanitation stakeholders that had confirmed their attendance of the CLTS Seminar in Eastern Cape by 17<sup>th</sup> August 2011  
**Table B: CLTS National Seminar Confirmation list**

SECTOR	NAME	INSTITUTION	DESIGNATION	TELEPHONE	CELL NO	EMAIL
<b>GOVERNMENT</b>	1. Amanda Machimane	DHS – EC	Sanitation Manager EC	043 604 6536	082 9099505	Amanda.machimana@dhs.gov.za
	2. Lusanda Salman	DWA – EC	Snr Development Expert	043 6045454	073 604 6266	salman@dwa.gov.za
	3. Kunjuzwa Ngethu	DHS – EC	Snr Development Specialist	043 604 6536	082908402	Khunjuzwa.Ngethu@dhs.gov.za
	4. Miriam Ngoajie	DHS – EC	Deputy Director	012 336 6587	082 807 4344	MiriamN@dwa.gov.za
	5. Nonceba Sineke	DWA – National Office	Deputy Director	012 336 6769	082 908 9035	NoncebaS@dwa.gov.za
	6. Tintswalo Shivuri	DWA – National Office	Capacity Training and Development	012 336 6545	082 6009978	TintswaloS@dwa.gov.za
	7. Neil Macleod	Ethekwini W&S	Head: Water & Sanitation	031 403 3425	082 336 7828	nam@dmws.durban.gov.za
	8. Salle Peck	ADM	Sanitation Roll out Manager		073 283 2446	Saliep@adm.gov.za
	9. Yolisa Ngqono	Joe Gqabi DM Municipality	ISD Officer		072 765 9599	Yolisa@jgdm.gov.za
	10. Zukile Mgede	Joe Gqabi DM Municipality	ISD Officer		082928 1450	Zukile@jgdm.gov.za
	11. Phumla Cacadu	Alfred Nzo Municipality	ISD Officer			phumla@jgdm.gov.za
	12. Thembela Kente	Amatole DM	ISD Officer	043 783 2326	073 3880381	thembel@amatole-dm.co.za
	13. Ilse Wilson	Mvula Trust	Associate	011 403 3425	082 336 7828	ilse@mvula.co.za
	14. Rachel Otieno	Khanya-AICD		076 229 323	011 339 6361	rahel@khanya.org
<b>MUNICIPALITY</b>						
<b>NGOs</b>						

15. Phumla Titus	RDA – EC	Director	047 531 2639	082 876 7786	rda@worldonline.co.za
16. Lisa Van Tonder	Rural Support Services (RSS)	General Manager	043 743 0051		lisa@rss.co.za
17. Buntu Dumezweni	RSS	Development Facilitator	043 743 0051	0835615373/ 0738343575	Buntu@rss.co.za
18. Phumla Khunkwayo	RSS	Development Facilitator	043 743 0051	073 548 9797	Phumla@rss.co.za
19. Febbie Masango	RSS	ISD Research Manager	043 743 0051	083 557 4123	Febbie@rss.co.za
20. Mncedisi Soxujwa	RSS	Development Facilitator	043 743 0051	083 5614 956	mcedisi@rss.co.za
21. Luntu Guqhuka	HRSC	Office Manager	047 532 5433	073 992 2278	Luntug@yahoo.com
22. Priscilla Hliso	SASCA E. CAPE	Coordinator	043 642 3987	082 261 5469	sascaec@telkomsa.net
23. Deborah Cousins	CWSS	Principal Researcher	021 959 6895	082 893 7888	cousinsd@cput.ac.za
24. Phindile Sabela-Rikhotso	CWSS	Researcher	021959 8706	073 957 8228	Sabela-rikhotso@cput.ac.za
25. Nolufefe Ngaye	CWSS	Assistant Researcher	021 953 8705	082 598 9307	NgayeN@cput.ac.za
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27. Samuel Musyoki	Plan-international Kenya	Director of Programmes	+25420 870216 / 3874987	+254 20 386 2593	Samuel.musyoki@plan-international.org
28. Amos Zunguzane	Mncwasa Village	Chief (Mncwasa)	Via RSS	074 291 5651	
29. Theima Nkosi	Geasphere	Community Co-ordinator	073 259 9861	071 519 0133	Thandekile2006@yahoo.com
30. Clarence Xiniwe	Mqanduli C	Co-ordinator	047 573 1041	082 340 4944	mqanduli@adviceoffice.org.za
<b>CSOs</b>					

## Attachment 2: CLTS Stakeholder Seminar Attendance Register

22 of the confirmed 30 participants signed the attendance register, although Chief Amos was in attendance, there is no signed record of this.

NO	NAME & SURNAME	ORGANISATION & REGION	DESIGNATION	PHONE NUMBER	CELLPHONE	EMAIL ADDRESS	SIGNATURE
1	Yvonne Richards Phiri	CWSS (CRU)	Researcher	021 959 2607	073 957 8278	Scania.Richards@crucru.co.zw	
2	Peter Bangata	IDS (UK)	CLTS Director of Programs			P.Bangata@ids.org.uk	
3	Simeon Muzya Sithembile	Flac Kenya Educational Projects	field worker	043 6433323	081 4603060	Simeon.muzya@flac.or.ke	
4	Fabbie Masang	RSS	ISD & Research Mgr	043 7430051	083 557 4123	fabbie@rss.co.zw	
5	Phimbi Khumalo	RSS	CBF	043 7430051	073 545 7777	Phimbi.khumalo@rss.co.zw	
6	M.S. Titus	RDA	Project Facilitator	047 5312639	084 579 5667	ms.titus@rdamul.com	
7	ZANDILE TITUS	RDA	FACILITATOR	047 5312639	084 334 9118	z.v.titus@rdamul.com	
8	NEC MACIPE	DELBAN	HEAD, W/M SANITATION PROMOTION OFFICER	031 311 8609	683 274 6990	namadani@delban.gov.zw	
9	Mwambi Mwaambi	ABM		043 7035821	073 8022 761	mwambi@abm.co.zw	
10	ILSE WILSON	Munda	Policy specialist	011 4033625	082 336 78 28	ilse@munda.co.zw	

12	Salia Peck	ADM	Manager - HR Serv		0833051928	salia@adm.gov.zw	
13	Zukile Mgedez	JSDM	ISD officer	0459793000	0714717894	Zukile@jgdm.gov.zw	
14	Lusanda Sambo	DWA	SOE	043 624 604	073 604 624	lusanda@dwa.gov.zw	
15	Amelia Mchimo	DHS	Sanitation Mgr	043 604 534	082 459 985	amelia@mchimo.gov.zw	
1	RUTH AMEZUONI	RURAL SUPPORT SERVICES	COMMUNITY LEAD FACILITATOR	082545272 0432450051	083545333	ruth@rss.co.zw	
2	NOLUFE NGATE	CWSS	Asst. Researcher	082 578 9807	021 959 8707	ngate@cwss.co.zw	
3	K. NGETE	DHS	SOE	082 908 4027	043-6045538	ngete@dwa.gov.zw	
4	N. BUNW	Khanyurwalo Dev Services	Director	047 5322057 0731909113	047 5322057	nbunw@khanyurwalo.co.zw	
5	J. NGOMO	JGDM	ISD PRACT.	073 765 9879		ngomo@jgdm.gov.zw	
6	Deborah Courral	CNSS	Lead Researcher			Courral@cnss.co.zw	
7	T. Kente	Amatele	ISD Prac				

## **Appendix 7 B: Appendix 1 C: Alignment with Amatole District Municipality**

### **1. Alignment with Amatole District Municipality: CLTS Seminar discussions**

18<sup>th</sup> August 2011 (see Appendix 1A for details)

The following outline was sketched during interactions with the sanitation manager of ADM, Mr. Salie Peck, who sought out the lead researcher between seminar sessions and during lunch in order to discuss potential alignment between the CLTS case study and ADM's Accelerated Sanitation Programme (ASAP).

#### Outline for exploring points of alignment with ADM roll out

**1<sup>st</sup> CREATE DEMAND:** initial Action Plans of community undertakings to change behavior and starting interventions to create an ODF environment

**2<sup>nd</sup> FOLLOW UP:** support and progress reports on readiness for climbing up a sanitation ladder from rudimentary pits

**3<sup>rd</sup> RESPOND TO DEMAND:** encourage communities to become 100% ODF before ADM proposition to use any household subsidy to assist in any way

**4<sup>th</sup> PLAN:** ADM propositions should be reviewed by community to fit with their Action Plans.

Explore the role for NGO or social facilitators at the interface.

ADM agreed to attend the Community Report back on Triggering, and a request for a staff member to be trained was accommodated. Mr Maseti was the designated ADM Sanitation Officer who attended the CLTS training and was involved in Triggering of 2 of the Villages.

### **2. CLTS Training and Community Report Back 23<sup>rd</sup> – 25<sup>th</sup> August 2011**

Mr Salie Peck the Roll Out Manager travelled 4 hours from East London to Coffee Bay to attend the Community Report back meeting. Although he was called away by his office before reports had been much underway, a discussion with the lead researcher resulted in agreement to:

- provide progress reports
- continue to discuss possible benefits to ADM
- continue to explore alignment of CLTS with planned ASAP roll out in the area.

### **3. Meeting with ADM in East London 28<sup>th</sup> September 2011 at 3pm**

*Documents requested by WRC 2088 researchers for alignment with pilot study:*

1. ASAP operational plan for Mbashe Municipality with specific names of targeted villages. Of particular interest are the **Mncwasa West** and **Zikolokhota** areas of villages.

1.1 The ADM Map that is used to designate Ward for Ward roll out was copied for reference by Salie Peck, while he explained that planning timeframes could be readily adjusted to accommodate CLTS progress.

1.2 "Village" areas and sub-villages were not all shown on the map, and some names differed from those used by communities, but as better estimations could be reached by referring to those well marked and requesting Natural leaders to clarify further.

## 2. Responses to questions in ADM meeting:

3.1. *With reference to the ASAP planning, presented to CLTS Seminar on 18<sup>th</sup> August 2011: "... district to be prioritized by identifying backlog and divided into manageable areas..."*

- *How large is an 'ideal' manageable area?*
- *How are they prioritized?*
- *Are categories or criteria applied to establish target areas?*

2.1 A manageable area depends on the number of households to be served.

Nodes for spreading across areas are influenced by an unwritten agreement that towns and rural centres be preferred to encourage people to move closer to infrastructure networks, such as pipelines.

3.2 *"...Contractor to supply labour for the excavation of pits....And/or " Community members will be required to dig pits to contribute to labour and to demonstrate buy in and a sense of ownership".*

- *Are both approaches going to be implemented?*
- *Has either approach been implemented in areas already piloted?*
- *Are contractors going to work with all households simultaneously?*

2.2 Both approaches have worked. Contractors will be encouraged to use community pit digging approach but may adopt the local labour model if preferred, or need arises.

3.3 *Timeframe questions for alignment of pilot study with ADM plans: What are planned Timeframe:*

- *Appointing Service Providers, and for their appointment of Contractors?*
- *Starting implementation at Village levels?*
- *H & H Awareness programmes in relation to toilet construction?*
- *Completing implementation at Village levels?*

2.4 Service providers will be appointed by April / May 2010.

2.5 Implementation will overlap across the Mbashe Municipal area

2.6 Social Facilitators will start the process with H&H Awareness – in the first planned sites of the case study this is likely to be by the end of this year (2011).

2.7 In Wards of case study area completion is intended by end June 2012.

2.8 Alignment of processes: Monthly progress reports from the CLTS study will assist

2.9 Constraints: use of mud bricks produced locally unlikely as supplies are those Preferred by contractor

## 3. Progress reports to Mr. Salie Peck: (October 2011 to January 2012)

Unable to successfully convene a meeting with senior managers to whom Mr Peck reports, regarding alignment of CLTS case study with ADM roll out plans. Progress reported directly to Mr Peck on 27<sup>th</sup> January 2012 after the verification field visits to all case study villages.

#### 4. ADM sanitation stakeholders focus group Interviews

The ADM focus group interviews were held on the 23<sup>rd</sup> of January 2012 at the Amatole District Municipality Sanitation Resource Center. The purpose of the meeting was to capture the ADM Sanitation technicians' perspectives on adapting the CLTS approach in the South African Municipal Environment.

The participants were the ADM sanitation technicians who are currently working at the Sanitation Resource Centre. The unit is currently on the process of recruiting more personnel, hence the fewer number of participants (refer to Attachment 1) for attendance register).

A working plan was designed from the overall framework of the entire project to ensure consistency and focus to the objectives. (Please refer to appendix 5B for the detailed working plan).

##### 4.1 Institutions

###### a) Venn Diagram exercise

The purpose of this exercise is to understand the dynamics and the roles of the predetermined influential institutions that take responsibility for community sanitation in Amatole District Municipality, especially in the Mcwasa area.

When requested to answer the question “**which institution do what when it comes to community sanitation?**” the following were the answers given:

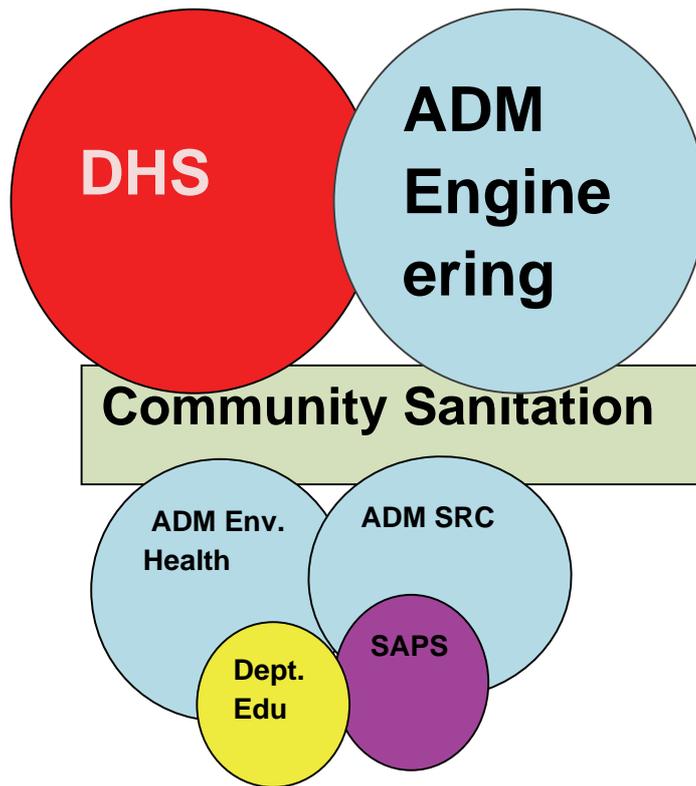
**Table 1: Roles and responsibilities of different institutions in community sanitation**

Institutions	Roles and responsibilities
ADMSRC	✓ responsible for health and hygiene education in areas where subsidy toilets already exist
SAPS	✓ Support the Sanitation resource by updating them with crimes related to women and children assaults when they go to relieve themselves in the bushes. ✓ They also support and assist in risk reduction and health and hygiene awareness campaigns by mobilizing communities and monitoring these events
Department of Education Municipal Health Services	✓ is responsible for the environmental health function (providing health and hygiene education to the households)
ADM Engineering directorate	✓ Responsible for toilets constructions as well as operations and maintenance. ✓
Water Boards and Implementing Agents	✓ Sanitation delivery , mostly construction
Department of Education	✓ Allows the SRC to give health and Hygiene education in the schools and to make this part of their school curriculum. ✓
Department of Human Settlement	✓ Assists on the provision of toilets.

After the participants listed the institutions and their roles, they were required to transfer that list into cards of three difference sizes, by answering the question “**how do these institutions relate to the community?**” The most important had the biggest circle with the least important to the smallest size.

They were then requested to indicate the significance of impact or influence that these institution have on community sanitation by moving the circles in relation to the **community sanitation** placed on the centre. The question used to answer this question was “**How do these institutions relate to each other?**”

**Figure 1: Venn diagram of community sanitation produced by ADM technicians**



**b) Table 2: challenges and Responses experienced by the ADMSRC personnel**

Challenges	Effects	Institution that responded	Type of response undertaken	Usefulness of the Measure
1. Poor hygiene practices	People do not take care of their toilets	ADMSRC and ADM Environmental Health	✓ ADM SRC reports to ADM Environmental Health about areas that need immediate attention	<ul style="list-style-type: none"> <li>✓ Communities are starting to practice proper Health and Hygiene.</li> <li>✓ They have started digging pits to throw in diapers instead of putting them in the toilet pits.</li> </ul>
2. Inconsistency of toilet facility type 3. Lack of ownership	They do not wash their hands after using the toilets, the hand washing bottles by the toilets are empty	ADM Engineering and ADM SRC Unit	<ul style="list-style-type: none"> <li>✓ Social facilitation and more education and awareness roll out.</li> <li>✓ Thorough consultations with the communities before delivery of toilets</li> </ul>	<ul style="list-style-type: none"> <li>✓ It is still difficult for other members to accept that although the facilities are different the most important thing is good health and hygiene practices.</li> <li>✓ Communities in ADM have agreed to assist the municipality by digging their own pits for subsidy toilets</li> </ul>
4. Lack of knowledge	They throw in foreign materials i.e. diapers and sanitary towels and it makes the pits to get full much quicker and smells horrible.	ADM SRC unit and Operation and Maintenance Unit	✓ Social facilitation	✓ Communities donate digging their own pits, this allow the municipality to save some costs.
5. Poor monitoring	<ul style="list-style-type: none"> <li>• Communities are not happy and complain a lot</li> <li>• The ADM SRC does not have enough capacity to monitor the existing facilities.</li> </ul>	Operation and Maintenance Unit , DWA, Contractors and Environmental Health	<ul style="list-style-type: none"> <li>✓ Repair facilities</li> <li>✓ Open the O&amp;M unit for communities to report dysfunction or pits that are full.</li> </ul>	✓ There is an improvement
6. Cultural behavior/ norms	Some family members cannot use facilities as daughter in law should not be seen going to the toilet by the father in law. Hence open defaecation continues		✓ Social facilitation and more education and awareness roll out.	
7. Lack of funding	Service delivery is slower than it should be and monitoring and maintenance have proven to be even more costly.			

c) In the next session the participants were required to answer the question “**what type of skills do communities possess that is beneficial to reducing sanitation backlog?**” the following are the answers captured:

- Some community members are more willing and enthusiastic to participate in municipal programmes, especially in the health and hygiene education. They have the potential of being good facilitators.

d) **Notes from discussion:**

The ADM sanitation personnel said that the Sanitation Resource Centre was the responsibility of the DWA until 2005. ADM had to start taking responsibility since then. However recruitment to fully capacitate this function has only been effective towards the end of last year. He further shared that one more personnel will be joining this team from the 1<sup>st</sup> February 2012.

Current responsibility of this unit only occurs after the subsidised toilets have been provided. They do Health and Hygiene education to the school and to the communities as well as monitoring that there is an appropriate usage of the toilet facilities.

A new person from the ADM SRC said that she had worked for the provincial Department of Health which she left because getting the job done there as an EHP proved to be very stressful due to limited resources. She explained that at DoH the EHPs were supposed to share vehicles with nurses, but it was not always possible to get access. She explained that although she will not be working as an EHP, and will miss the job, she feels she will be making a difference as a sanitation practitioner at ADM because resources are available and accessible.

One challenge discussed was “**Inconsistence of toilet facility type**”. It was explained that in most programmes that are rolled out in big villages, not all households are provided with a toilet facility. When the second round of delivery came, different types of toilets were delivered. In cases where this has occurred protests and complaints have come from households that received toilets in the first round. As they have learnt better ways after handling such cases, social facilitation and consultation was reported to have improved.

During the Venn diagram exercise it was mentioned that the DHS is also responsible for sanitation delivery. It was however, not very clear as to which role they undertake. One participant said that according to his knowledge, the Department is contacted by the municipality in case of need, however in practicality this is not always the case.

During the discussion a sanitation practitioner offered the researcher some documentation that they are currently using in the municipality. The three documents offered were:

- Sanitation is Dignity: Sanitation Technology Options.
- Health & Hygiene Guide
- Operation and Maintenance of VIP system

A practitioner explained that this document is from the DWA. ADM applies the content. He indicated that page 5. Section 3.4 (Operation and Maintenance Task) is complicated in implementation, in particular “Note that O&M tasks are responsibilities of the homeowner for on-

site components and usually the local authority for off-site components” (Sanitation is Dignity: Sanitation Technology Options, 2002).

He explained that in ADM’s rural areas, as much as householders know their O&M responsibility it is easy and possible to shift responsibility to the municipality, since they are the ones who installed the toilets and the policy is not definitive as to whose responsibility it is anyway.

- Health & Hygiene Guide Operation

It was explained that this guide is authored by the ADMSRC and it is in isiXhosa. Given to schools and households, cafes, shops taxi ranks and put up in other public spaces to encourage good health and hygiene practices, the pamphlet displays the following ten points:

- ✓ Keep the toilet seat closed
- ✓ Keep the toilet door closed
- ✓ Keep the toilet facility clean
- ✓ Use a toilet paper or any other paper
- ✓ Use your left hand to wipe
- ✓ Wash your hands all the time after using the toilet
- ✓ Do not pour water, stones, diapers and any other dirty or foreign material in the toilet.
- ✓ When the toilet starts to smell bad throw some ash in the pit
- ✓ Make sure the vent pipe is closed all the time
- ✓ Do not eat in the toilet.

- Operation and Maintenance of VIP system

This pamphlet is authored and sponsored by the DHS and Water and Sanitation Hygiene (WASH). It is distributed by the EHP in all areas that they visit to promote health and hygiene education. The pamphlet has a picture of a VIP facility and the following bullet points:

- ✓ Always clean the fly screen at the top of the vent pipe by pouring small amount of water down the pipe every 3 months.
- ✓ Always check the vent pipe and the fly screen regularly to repair and replace them if they get broken or torn
- ✓ You can check the fly screen by attaching a mirror to a long stick and putting it up against the fly screen to see if it is still intact
- ✓ Always keep your toilet cover down when the toilet is not in use
- ✓ The seat cover will stop flies from escaping and ensure that the only light that shines into the pit is from the vent pipe
- ✓ Use toilet paper instead of hard objects to wipe yourself clean after using the toilet
- ✓ Other material may create health problems for you and may block and render VIP toilet dysfunctional
- ✓ Always keep your toilet clean and well maintained
- ✓ It will last you longer and keep members of your family safe and health

### **Attachment 1: Attendance list of the ADMSRC Stakeholders focus group interviews**

<b>Names</b>	<b>Organisation</b>	<b>Cell phone no.</b>	<b>Telephone no.</b>
Ngcakani S	ADM SRC	078 052 2527	
Maseti M	ADM SRC	073 802 2961	043 851 1110
Vazi K	ADM SRC		043 851 1110

### **Appendix 7 C: National and Provincial Stakeholders Perspectives Data**

#### Questionnaire: Individual responses

The questionnaire was designed over the month of October 2011 and was distributed from November 2011 till January 2012. The questions asked in the questionnaire were informed by the initial findings from the CLTS Stakeholders Seminar held in East London on the 18<sup>th</sup> of August 2011 and the initial literature review on the “rationale of adapting CLTS in South Africa” during the initial stages of the project.

**Table 1: Distribution of the questionnaire**

<b>Participants</b>	<b>No. Of questionnaires</b>	<b>Dates</b>
Western Cape Sanitation policy review	8	30 <sup>th</sup> of November 2011
E. C	16	23, 24 Jan 2012
Attendees CLTS Stakeholders Seminar	5	Dec 2011

For the purpose of research ethics, specific names for specific opinions will not be given but the responses will be categorized according to the specific institutions that the participants are employed. It is however crucial to note that the opinions represented in this report are of the interviewees' point of view, which does not necessarily reflect that of specific institutions.

For the purpose of this exercise this was enabled through consultation with the local DHS sanitation manager. In addition it was agreed that the final publication of the report will be shared with amongst all concerned stakeholders for transparency

The questionnaire was divided into three set of topics aiming at finding stakeholders perspectives on the following:

- ✓ Sanitation delivery
- ✓ Sanitation stakeholders' involvement
- ✓ Specific individual interest on CLTS

The responses will be analysed in the following three different stages:

- According to the specific institution that the participants are currently employed. If the majority of the participants from that specific institution have similar opinions, it will be captured as the overall perspective of that specific institution.
- Inspect if any of the different institution have similar responses to specific questions of the questionnaire and those responses will be captured as issues that different institutions agrees on.
- Lastly questions with contrary opinions will be captured as different opinions of different institutions.

Below are the responses in table 1, 2, 3 and table 4:

**Table 1: Comparison between the different Participating municipal perspectives**

Questions	E.C Municipalities	WC Municipalities	Participating Municipalities
<b>SERVICE DELIVERY</b>			
<b>Greatest challenges of sanitation Delivery are:</b>	<ul style="list-style-type: none"> <li>✓ Inadequate budgets</li> <li>✓ Community lack of ownership</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community Lack of ownership</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community lack of ownership</li> </ul>
<b>What are Better ways of counting sanitation backlog</b>	Toilets to be constructed	Toilets to be constructed	Toilets to be constructed
<b>How much does a toilet subsidy costs?</b>	Do not know	Do not know	Do not know
<b>Why are municipalities failing to eradicate sanitation backlog?</b>	Weak relations amongst stakeholders	Weak relations amongst stakeholders	Weak relations amongst stakeholders
<b>Why rural sanitation is not prioritized?</b>	Households are scattered.	Urban areas needs more attention	They have different experiences
<b>Why is the current supply driven acceleration of services justified?</b>	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>
<b>STAKEHOLDERS' INVOLVEMENT</b>			
<b>Which are the most important stakeholders groupings to be engaged in discussion and learning about new sanitation programmes?</b>	<ul style="list-style-type: none"> <li>✓ Traditional Authorities</li> <li>✓ municipal staff</li> </ul>	<ul style="list-style-type: none"> <li>✓ Civil Society</li> <li>✓ Municipal staff</li> </ul>	They have different experiences
<b>When are Sanitation planning and implementation programmes are most efficient?</b>	Government takes decision	Communities decides for themselves	They have different experiences
<b>What Does Health and Hygiene Awareness Programmes adequately address?</b>	<ul style="list-style-type: none"> <li>✓ address behavioural change</li> </ul>	<ul style="list-style-type: none"> <li>✓ increase communities responsibility to take action</li> <li>✓ improve maintenance and better caring of facilities</li> </ul>	They have different experiences

STAKEHOLDERS' INTEREST ON CLTS			
Do you know of a settlement with favourable characteristics for CLTS?	None	None	None
What do you think about CLTS approach in SA?	could strengthen the demand site of sanitation	Have the potential of improving the current approach.	Agree that it will be beneficial

**Table 2: Perspective comparison between the W.C DWA and E.C DWA**

Questions	E.C. DWA	WC DWA	Overall DWA
<b>SERVICE DELIVERY</b>			
Greatest challenges of sanitation Delivery are:	<ul style="list-style-type: none"> <li>✓ Communities not taking responsibility on O&amp;M</li> <li>✓ Dependency to government</li> </ul>	<ul style="list-style-type: none"> <li>✓ Inadequate budget,</li> <li>✓ Lack of community ownership,</li> <li>✓ Communities not taking responsibility on O&amp;M</li> </ul>	Communities not taking responsibility on O&M
What are Better ways of counting sanitation backlog	<ul style="list-style-type: none"> <li>✓ Toilets to be constructed</li> <li>✓ Counting the most vulnerable households</li> </ul>	Counting the most vulnerable households	Counting the most vulnerable households
How much does a toilet subsidy costs?	Do not know	Do not know	Do not know
Why are municipalities failing to eradicate sanitation backlog?	<ul style="list-style-type: none"> <li>✓ Weak relations amongst stakeholders</li> <li>✓ Lack of O&amp; M guidelines</li> </ul>	Weak relations amongst stakeholders	Weak relations amongst stakeholders
Why rural sanitation is not prioritized?	Households are scattered.	<ul style="list-style-type: none"> <li>✓ Urban areas needs more attention</li> <li>✓ Areas are too distant from the main offices</li> </ul>	They have different experiences
Why is the current supply driven acceleration of services justified?	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ ensure standard technology</li> </ul>	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ technology /budget</li> </ul>
<b>STAKEHOLDERS' INVOLVEMENT</b>			
Which are the most important stakeholders groupings to be engaged in discussion and learning about new sanitation programmes?	<ul style="list-style-type: none"> <li>✓ Traditional Authorities</li> <li>✓ municipal staff</li> </ul>	<ul style="list-style-type: none"> <li>✓ Civil Society</li> <li>✓ Municipal staff</li> </ul>	<ul style="list-style-type: none"> <li>✓ Municipal staff.</li> <li>✓ CS vs. Traditional Authority</li> </ul>
When are Sanitation planning and implementation programmes are most efficient?	Communities decides for themselves	Communities decides for themselves	Communities decides for themselves
What Does Health and Hygiene Programmes adequately address?	<ul style="list-style-type: none"> <li>✓ address behavioural change</li> <li>✓ increase community responsibility to take action</li> </ul>	<ul style="list-style-type: none"> <li>✓ Change in hygiene behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>✓ address behavioural change</li> <li>✓ increase community responsibility to take action</li> </ul>

<b>STAKEHOLDERS' INTEREST ON CLTS</b>			
<b>Do you know of a settlement with favourable characteristics for CLTS?</b>	Phuthuma : ADM Maluti a phufung : Free State	None	Only E.C had suggestion
<b>What do you think about CLTS approach in SA?</b>	could strengthen the demand site of sanitation	Have the potential of improving the current approach.	Agree that it will be beneficial

**Table 3: Comparison between all participating government departments**

Questions	DoH	DHS	DLGTA	DWA	Overall perception
<b>SERVICE DELIVERY</b>					
<b>Greatest challenges of sanitation Delivery are:</b>	✓ Dependency to government	✓ Dependency to government	Dependency to government	Communities not taking responsibility on O&M	Government Dependency
<b>What are Better ways of counting sanitation backlog</b>	✓ Identifying the most vulnerable households	Toilets construction	Toilets construction	Identifying the most vulnerable households	DHS and DLGTA
<b>How much does a toilet subsidy costs?</b>	Do not know	Approx. R7800	Approx. R7500	Do not know	DHS and DLGTA
<b>Why are municipalities failing to eradicate sanitation backlog?</b>	Weak relations amongst stakeholders	Lack of management skills	Lack of management skills	Weak relations amongst stakeholders	DHS and DLGTA
<b>Why rural sanitation is not prioritized?</b>	Households are scattered.	✓ Urban areas needs more attention ✓	Cannot pay services	They have different experiences	Depend whether whose opinion it is.
<b>Why is the current supply driven acceleration of services justified?</b>	✓ for speeding up delivery of toilets ✓ ensure commitment of contractors	✓ for speeding up delivery of toilets ✓ Ensure standard technology	for speeding up delivery of toilets Ensure standard technology	✓ for speeding up delivery of toilets ✓ technology /budget	for speeding up delivery of toilets
<b>STAKEHOLDERS' INVOLVEMENT</b>					
<b>Which are the most important stakeholders groupings to be engaged in discussion and learning about new sanitation programmes?</b>	✓ Traditional Authorities ✓ municipal staff	✓ ward councilors ✓ Municipal staff	✓ Municipal staff. ✓ Civil society	✓ Municipal staff. ✓ CS vs. Traditional Authority	✓ Municipal staff ✓ Traditional auth
<b>When are Sanitation planning and implementation programmes are most efficient?</b>	Communities decides for themselves	Municipal sanitation staff takes action	Communities decides for themselves	Communities decides for themselves	DHS thinks everything is the responsibility of municipalities
<b>What Does Health and Hygiene Awareness Programmes adequately address?</b>	✓ address behavioural change ✓ increase community responsibility to take action	✓ Change in hygiene behaviour. ✓ Maintenance and better caring of facilities	✓ Change hygiene behavioural	✓ address behavioural change ✓ increase community responsibility to take action	✓ address behavioural change

STAKEHOLDERS' INTEREST IN CLTS					
Do you know of a settlement with favourable characteristics for CLTS?	Most rural areas in E.C	None	None	Only E.C had suggestion	Eastern rural environment
What do you think about CLTS approach in SA?	<ul style="list-style-type: none"> <li>✓ could strengthen the demand site of sanitation</li> <li>✓ Have the potential of improving the current approach.</li> </ul>	<ul style="list-style-type: none"> <li>✓ could strengthen the demand site of sanitation</li> </ul>	<ul style="list-style-type: none"> <li>✓ Have the potential of improving the current approach</li> </ul>	<ul style="list-style-type: none"> <li>✓ could strengthen the demand site of sanitation</li> <li>✓ Have the potential of improving the current approach.</li> </ul>	Agree that it will be beneficial

**Table 4: Final perspectives comparison between municipalities NGO's/ CSO's and participating government departments**

Questions	participating Municipalities	Participating government departments	Participating NGOs and CSOs	Analysis
<b>SERVICE DELIVERY</b>				
Greatest challenges of sanitation Delivery are:	<ul style="list-style-type: none"> <li>✓ Communities lack of ownership</li> </ul>	Government Dependency	<ul style="list-style-type: none"> <li>✓ Government Dependency</li> <li>✓ Communities not taking responsibility on O&amp;M</li> </ul>	<b>DWA and NGOs/CSO? Communities not taking responsibility on O&amp;M</b>
What are Better ways of counting sanitation backlog	Toilets to be constructed	DHS and DLGTA	Toilets to be constructed	<b>Agrees with municipalities</b>
How much does a toilet subsidy costs?	Do not know	DHS and DLGTA	Do not know	<b>DWA and DoH knows</b>
Why are municipalities failing to eradicate sanitation backlog?	Weak relations amongst stakeholders	DHS and DLGTA	<ul style="list-style-type: none"> <li>✓ Weak relations amongst stakeholders</li> <li>✓ Lack of O&amp;M guidelines</li> </ul>	<b>DWA and DoH agrees with municipalities</b>
Why rural sanitation is not prioritized?	They have different experiences	Depend whether whose opinion it is.	Households are scattered	<b>Depend whether whose opinion it is Rural or urban focused employee</b>
Why is the current supply driven acceleration of services justified?	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>	for speeding up delivery of toilets	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>	<ul style="list-style-type: none"> <li>✓ for speeding up delivery of toilets</li> <li>✓ reducing municipal spending budget</li> </ul>

<b>STAKEHOLDERS' INVOLVEMENT</b>				
<b>Which are the most important stakeholders groupings to be engaged in discussion and learning about new sanitation programmes?</b>	✓ Municipal staff. ✓ CS vs. Traditional Authority	✓ Municipal staff ✓ Traditional auth	✓ Traditional authorities ✓ Civil societies	<b>CS vs. Traditional Authority (dependent on the type of environment)</b>
<b>When are Sanitation planning and implementation programmes are most efficient?</b>	Communities and government should work together	DHS thinks everything is the responsibility of municipalities	Communities and government should work together	<b>DHS? do they like pointing fingers</b>
<b>What Does Health and Hygiene Awareness Programmes adequately address?</b>	✓ address change in hygiene behaviour ✓ increase community responsibility to take action	✓ address change in hygiene behaviour	Address all H&H issues	<b>Does it really address change in hygiene behaviour?</b>
<b>STAKEHOLDERS' INTEREST ON CLTS</b>				
<b>Do you know of a settlement with favourable characteristics for CLTS?</b>	None	Eastern rural environment	Ngqusi villages (E.C) Phumulong township (F.S)	<b>Municipalities? Why are areas not suggested?</b>
<b>What do you think about CLTS approach in SA?</b>	Agree that it will be beneficial	Agree that it will be beneficial	Agree that it will be beneficial	<b>How to integrate? Demand sanitation? What does it really mean?</b>

### **Attachment 3: Contact details of respondents of Sanitation Stakeholders' Questionnaire**

<b>Names</b>	<b>Organisation</b>	<b>Email Address</b>	<b>Cell phone no.</b>	<b>Telephone no.</b>
Songelwa M	DWA	<a href="mailto:Songelwam@dwa.gov.za">Songelwam@dwa.gov.za</a>		
Mbatha D	CSO	<a href="mailto:mbathadm@vodamail.co.za">mbathadm@vodamail.co.za</a>		
Tyers L	CSO	<a href="mailto:engsadc@iafrica.com">engsadc@iafrica.com</a>		
de Jager E	Stellenbosch LM	<a href="mailto:esiasdj@stellenbosch.org">esiasdj@stellenbosch.org</a>	084 620 6025	
Lerobane N	DHS(national)	<a href="mailto:Norma.lerobane@dhs.gov.za">Norma.lerobane@dhs.gov.za</a>	082 755 1001	012 336 8381
Mchumane H	DWA	<a href="mailto:hlazo@dwa.gov.za">hlazo@dwa.gov.za</a>		
Jefferies G	CCT	<a href="mailto:Garnett.jefferies@capetown.gov.za">Garnett.jefferies@capetown.gov.za</a>	073 650 5168	021 918 7401
Brutus T	DWA	<a href="mailto:Brutust@dwa.gov.za">Brutust@dwa.gov.za</a>		
Mandisa Jim	NDHS	<a href="mailto:jimm@dwaf.gov.za">jimm@dwaf.gov.za</a>	0787529853	043 604 5315
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Qitsi N.V	DoH	<a href="mailto:Nomvala.nkalawe@impilo.ecprov.gov.za">Nomvala.nkalawe@impilo.ecprov.gov.za</a>		040 608 1719
Machimana A	DHS E.C.	<a href="mailto:Amanda.machimana@dhs.gov.za">Amanda.machimana@dhs.gov.za</a>	082 909 9505	043 604 5536
Radebe L	DWA	<a href="mailto:Radebelz@dwa.gov.za">Radebelz@dwa.gov.za</a>	082 886 6037	043 604 5560
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Ntengenyan e A	BCMM	<a href="mailto:ayakhan@buffalocity.gov.za">ayakhan@buffalocity.gov.za</a>	079 527 2058	043 705 1097
Linganiso P	DLGTA	<a href="mailto:Pumla.linganiso@eclgta.gov.za">Pumla.linganiso@eclgta.gov.za</a>	082 759 1054	040 609 6440
Ngcakani S	ADM SRC		078 052 2527	
Maseti M	ADM SRC		073 802 2961	043 851 1110
Vazi K	ADM SRC			043 851 1110
Wilson I	NGO	<a href="mailto:ilse@mvula.co.za">ilse@mvula.co.za</a>		
Demezweni B	NGO	<a href="mailto:buntu@rss.co.za">buntu@rss.co.za</a>		
Khinkwayo P	NGO	<a href="mailto:Phumla@rss.co.za">Phumla@rss.co.za</a>		
Mcedisi Soxujwa	NGO	<a href="mailto:Mcedisi@rss.co.za">Mcedisi@rss.co.za</a>	082 804 8322	

#### **Attachment 4: Sanitation Stakeholders questionnaire**

##### **Community Water Supply & Sanitation**

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Tel: +27 21 959-8706 Fax: +27 21 959-6638

Email: sabela-rikhotsop@cput.ac.za



**January 2012**

***Please tick one box for answer that fits best.***

##### **Sanitation Delivery:**

1. What is the greatest challenge to sanitation delivery? **Choose 2**

Inadequate budgets                      communities' not taking responsibility in O&M

Lack of community ownership                      dependency on government

2. Which is the better way of counting sanitation backlog?

Toilets to be constructed                      Child mortality rate                      identifying the most vulnerable households

3. To your knowledge how much is the toilet subsidy per Household in SA (fill in the amount in ZAR).....

4. Municipalities are failing to eradicate the sanitation backlog despite the budget modification because of.....**Choose 2**

- Weak relations amongst stakeholders  Lack of O&M Guidelines   
Contractors hike expense of subsidy  Subsidies are costly  Lack of Management skills

5. Isolated rural areas are not priorities in service delivery because.....

- Households are scattered  too distant from the main offices   
Cannot pay for services  are not as vulnerable as those in urban areas

6. The current supply driven acceleration of delivery is justified to.....**Choose 2**

- Speed up delivery of toilets  reduce municipal spending budgets   
Ensure standard technology  Ensure commitment of contractors

**Sanitation Stakeholders' involvement:**

7. **Choose 2** of the most important stakeholders groupings to be engaged in discussion and learning about new sanitation programmes?

- Traditional Authorities  Ward Councilors  Civil Societies  Municipal sanitation staff

8. Sanitation planning and implementation programmes are most efficient when.....

- Government takes decisions  communities decide for themselves   
Traditional leaders decides  Municipal sanitation staff takes action

**Health and Hygiene:**

9. Does Health and Hygiene Awareness Programmes adequately address.....**choose 2**

- Increased community responsibility to take action  change of hygiene behaviour   
Sharing of information  maintenance and better caring of facilities

**Your involvement:**

***WRC 2088: Adapting and piloting the new concepts of Community led Total Sanitation (CLTS) into the South African municipal environment***

The **Community Led Total Sanitation (CLTS)** approach aims to facilitate and support community-led actions to bring about change. The "Total Sanitation" concept necessitates that everyone safely disposes of their domestic waste and uses a hygienic toilet (Kar & Chambers, 2008). The principle of demand-driven sanitation applies to CLTS, which enables people to do their own analysis of unhygienic practices, plan and take immediate action without any external aid or subsidy.

10. Do you know of a settlement with all the following characteristics?

- Evidence of shit in the open
- Where there have been no programme of hardware subsidies and none is proposed (within 3 years)
- High incidence of diarrheal disease and child mortality
- Non-Governmental support (ideally a local based organisation with an established presence) is readily accessible

No  Yes  Settlement details.....

11. Community -Led Total Sanitation (CLTS) approach?

Has no place in South Africa  could help improve the current approach

Could strengthen the demand side of sanitation provision

12. Do you want to find out more by attending a CLTS seminar in May 2012?

No  Yes  your details: .....  
.....  
.....

**Eastern Cape sanitation stakeholders Focus Group meeting:**

The E.C sanitation stakeholders' focus group meeting was held on the 24<sup>th</sup> of January 2012 at the Department of Water Affairs Boardroom in King Williams Town.

The participants included the provincial government officials involved in community sanitation from the Department of Human Settlement, Department of Water Affairs, Department of Health and Buffalo City.

The purpose of the meeting was to capture the provincial departments Sanitation practitioner's perspectives on adapting CLTS approach in the South African Municipal Environment. A working plan was designed from the overall framework of the entire project to ensure consistency and focus to the objectives (please refer to appendix 7B for the detailed working plan).

**1. Institutions**

*Venn diagram*

The purpose of this exercise is to understand the dynamics and the roles of the predetermined influential institutions that take responsibility for community sanitation in Amatole District Municipality, especially in the Mcwasa area.

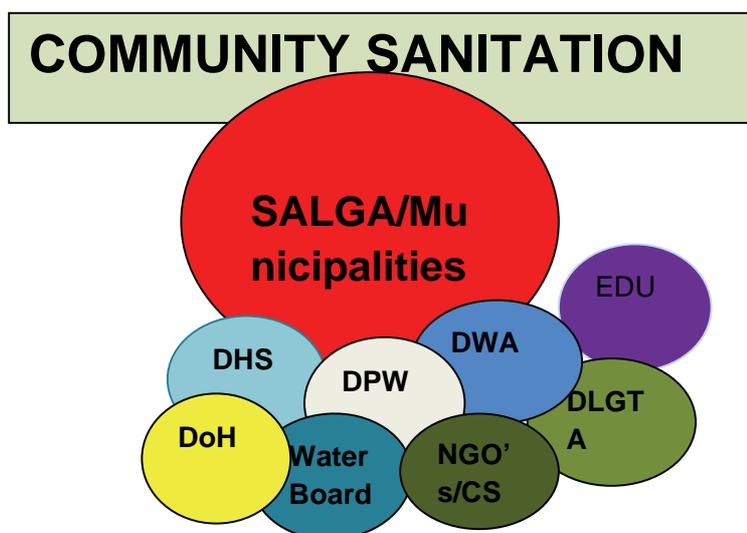
When requested to answer the question "which institution do what when it comes to community sanitation?" the following were the answers given:

**Table 4: Roles and responsibilities of different institutions involved in community sanitation**

Institutions	Roles and responsibilities
<b>Planning</b>	
DLGTA	✓ Is the co-ordinator of all other institutions
Institutions of Higher Learning	✓ Do research on sanitation related issues and assist on finding solution to the current sanitation challenges.
<b>Implementation</b>	
Water Boards and Implementing Agents	✓ Sanitation delivery , mostly construction
Department of Water Affairs	✓ Responsible for providing sanitation to schools and hospitals.
NGO's/ CSO's	✓ Mobilize communities for H&H education and assist the Dept. of Health on educating communities
SALGA and Municipalities	✓ Sole provider of the sanitation delivery
Department of Health	✓ Responsible for environmental health functions. i.e. health hygiene awareness)
Department of Public Works	✓ Responsible for management of ground water and how it can be affected by sanitation delivery
Department of Human Settlement	✓ Assist the district municipalities with sanitation delivery and monitoring hotspots for faecal borne and waterborne outbreaks.
<b>Monitoring and Evaluation</b>	
Department of Education	✓ Ensure that schools report the need to sanitation facilities and to teach learners about the importance of good hygiene

After the participants listed the institutions and their roles, they were required to transfer that list into cards of three different sizes, by answering the question “**how do these institutions relate to the community?**” The most important had the biggest circle with the least important to the smallest size. They were then requested to indicate the significance of impact or influence that these institution have on community sanitation by moving the circles in relation to the **community sanitation** placed on the centre. The question used to answer this question was “**How do these institutions relate to each other?**”

**Figure 2: Eastern Cape Sanitation Stakeholders Venn diagram**



**Table 5: challenges experienced by the ADM Sanitation technical team and the responses undertaken**

Challenges	Effects	Institution that undertook the response	Type of response undertaken	Usefulness of the Measure
Municipalities lack of budget	Slow sanitation service delivery	ADM SRC and ADM Environmental Health	✓ Requested communities to donate to the municipality with a toilet pit for the subsidy toilets	✓ Communities dig their own pits for subsidy toilets, this have saved money for the municipality
Poor planning: all sectors are not involved when planning the sanitation delivery	The health and hygiene education is compromised, hence the whole programme experience more issues due to this.	ADM Engineering and ADM SRC Unit	✓ Appointed an in-house official to deal with H&H	✓ It is still difficult to measure the progress so far
Political interference and lack of capacity	health and hygiene education and the quality of the facilities is compromised		Nothing have been done so far	
Lack of budget at the Department of Health	The health of communities is compromised because H&H education is not done properly	Department of Health and Municipalities	✓ Transferring the EHP officers to the municipalities and share the cost from both institutions	✓ Still to be implemented
Appointed implementing agents are not qualified on implementing H&H education	The health of communities is compromised because H&H education is not done properly	DHS Municipalities and DWA	✓ Terms of reference to be improved for appointing social facilitators	✓ Still to be implemented
Poor prioritization on the equitable share allocations of funds	Those seriously in need are left without enough funding to deal with the backlog whereas those who have more than they should have spent it in not so important things.		Nothing have been done so far	
Environmental Health Practitioners do not do H&H in both the provincial and the district municipal level	health and hygiene education and quality of facilities is compromised		Nothing have been done so far	
Inappropriate technology in some schools, flush toilets where there is no water			Nothing have been done so far	

Most of these challenges are also addressed through Municipal Infrastructure Support Agency (MISA) and Rapid Response Unit (RRU).

On the next session the participants were required to answer the question “**what efforts has your institutions/department made to involve communities in reducing the effects of poor sanitation?**” The following are the answers captured:

- DLGTA- roll ISD guidelines to improve community participation from the 09<sup>th</sup> of February 2012
- 2020 school programme – intervention at schools and community levels that consist of health and sanitation awareness campaigns and competitions to motivate good health and hygiene practices.

- CSO's – trained on PHAST to assist communities on sanitation programmes especially on H&H education
- ADM- Communities contributes to the sanitation programmes by donating toilets pits.

The following question to the participants was “**what type of skills do communities possess that is beneficial to reducing sanitation backlog?**” the following are the answers captured:

- Brick layers/builders mostly unemployed
- Unemployed graduates who are good facilitators and have the potential of being good community leaders
- A group of youth that act as gate keepers

The next question was “**what local innovation emerges in response to sanitation challenges?**” the following are the answers brought forward:

- Some households do build their own toilets using local available material within their own means. i.e. glass bottles
- they have business project such as 'vukuzenzele' i.e. making bricks
- home based care for the sick

“**What monitoring methodology does your department have to assist in supporting progressive achievement of sustainable sanitation?**” The following are the answers from the stakeholders:

- Department of Human Settlement reported that they visit the sites randomly and also do health/ diseases surveillance , with more often visits to the 'hot spots' for cholera.
- Department of Health explained that they do bilateral six weekly site visits and co-ordination meetings.
- Department of Water Affairs responded that they do site visits in a weekly basis.

#### **More additional discussions:**

When one of the participants raised “**Municipalities lack of budget**” as one of the challenges, it have started an argument whereby the Department of Human Settlement professional have explained that according to her opinion, the municipal actually do have budget, the real issue is overspending which is driven by poor prioritization to their most urgent needs.

“**Poor planning: all sectors are not involved when planning the sanitation delivery**” the discussion on this issue has clarified that there is currently poor communication between the sanitation stakeholders especially between the provincial departments and the district municipalities. The issue of lack or/and Health and hygiene Education was mostly the burning discussion.

It was shared that as a response to “**lack of ownership**” to the subsidy toilets facilities, the ADM and O.R Tambo came with a strategy to request the households to donate a pit to the municipality for building a latrines. One of the participants of the focus group meeting from the Department of Human Settlement voiced he concern about the health and safety of a member

of the household digging the pit. She wanted to know who was going to take responsibility if the digger was injured. She suggested that another solution is required as this of donating is not fair to the communities.

On the same context another participant explained that her concern is the households that the only members are the elders, she explained that it is not practical to expect them to dig their own pit. In few cases, it was reported that the elders had to employ young men to dig the pit for them, in few cases the dug pits were too shallow for building a latrine and on few cases the employee claimed to have encountered a rock and could not continue with the job or start a new pit unless more money was paid. It explained that this has put the elders in a vulnerable situation, also because they have opened their homes to strangers that could abuse them.

**“Lack of budget at the Department of Health”** it was a common agreement by the Provincial government officials and the municipal officials that Health & Hygiene education that is currently taking place in the province is inadequate.

They further agreed that immediate change is required however the current suggested solution of **“Transferring the EHP officers from the department of Health to the municipalities and share the cost from both institutions”** is not the best solution. It was reported that EHP from the province do not have the necessary skills required by the municipalities to roll out H&H education. It was further explained that this transfer will be burden to the municipalities as the transferred personnel will need training from the current municipal EHP and this have a potential of slowing down the current progress and increase backlog.

One of the municipal EHP on the other hand, explained that her fellow EHP are not as motivated as they should be about their role on community sanitation. She further shared that unlike the engineering department, the EH department do not even have enough resources for field visits, and the reason for that is because there is no strong committee that is willing to negotiate for their share of the budget when it comes to sanitation delivery. It is for this reason that Health and Hygiene Education is not prioritized.

It was risen as a valued opinion that, “in reality the EHP, regardless of the institution they are from, do not give the Health and Hygiene education the way it should be”. She further explained that the practitioners go to the community with their “teaching theoretical method” which is not always applicable to the different environments. She explained that adaptability is important, and also that attitude is of the most importance. It was emphasized that community members are active members of the society and they should be treated as such, not as children that do not know anything. It also suggested that more hands-on training is required to strengthen the role of EHP on community sanitation.

## **Attachment 5: Focus Group Interviews Plan/Agenda**

Focus groups interviews : 23/01/12: ADM Sanitation Resource Centre personnel  
 : 23/01/12: E.C sanitation stakeholders

### **Aim:**

1. To capture the South African Sanitation stakeholders perspectives on adapting CLTS in South African Municipal Environment

### **Objectives**

1. Clarify the role of provincial government departments on municipal rural sanitation programmes
2. To identify the current relationship dynamics and co-operation between DHS,DWA and other supporting organizations
3. Current and previous sanitation challenges related to sanitation delivery and the types of responses undertaken
4. Community involvement on eradication of sanitation backlog
5. Monitoring and evaluation of sanitation service delivery

### **Working Plan/agenda of the focus group interviews**

#### *Institutions*

#### **Venn diagram**

- Which institutions do what? *List: 9:00- 9:05 : List*
- How do they relate to community? *Importance = size of card 9:05- 9:10*
- How do they relate to each other? *Significance of Impact or Influence = distance, proximity or overlaps from community (placed at centre of Venn diagram) 9:10- 9:15*

#### *Sanitation delivery Challenges*

- What are your greatest challenges to sanitation delivery over time? : **9:20-9:30**
- What effects do these challenges present? (refer to table 1) : **9:30-9:40**
- What responses has been undertaken to reduce the effects of these challenges? : **9:40-9:50**

<i>Type of responses</i>			<i>Measures already in place</i>	
	<i>Based on past experiences</i>	<i>Who undertook the response</i>		<i>Usefulness of the measure</i>

#### *Communities*

- What effort have your department made to involve the communities in reducing the effects of poor sanitation? : **10:00-10:15**
- What type of skills do the community people possess that is/will be beneficial on reducing sanitation backlog? : **10:15-10:30**
- What local innovations emerge in response to those challenges? **10:30-10:40**
- What monitoring methodology does your department has to assist in supporting progressive achievement of sustainable sanitation? **10:40-10:50**
- What plans are in place from your department to provide sanitation in Mcwasa Area? : **10:50-11:10**

**Attachment 6: Contact details of the E.C group Interviews**

<b>Names</b>	<b>Organisation</b>	<b>Email Address</b>	<b>Cell phone no.</b>	<b>Telephone no.</b>
Mandisa Jim	NDHS	<a href="mailto:jimm@dwaf.gov.za">jimm@dwaf.gov.za</a>	0787529853	043 604 5315
Gladile T	NDHS	<a href="mailto:gladilet@dwa.gov.za">gladilet@dwa.gov.za</a>	073 3991223	043 604 5337
Ndibongo B	DWA	<a href="mailto:ndibongob@dwa.gov.za">ndibongob@dwa.gov.za</a>	0826121240	0436045400
Mzozoyawa G	DHS	<a href="mailto:Mzozoyanag@dwaf.gov.za">Mzozoyanag@dwaf.gov.za</a>	082 315 9193	043 6045534
Mhlongo B	DoH	<a href="mailto:bongiem2000@yahoo.com">bongiem2000@yahoo.com</a>		040 608 1718
Qitsi N.V	DoH	<a href="mailto:Nomvala.nkalawe@impilo.ecprov.gov.za">Nomvala.nkalawe@impilo.ecprov.gov.za</a>		040 608 1719
Amanda Machimana	DHS E.C.	<a href="mailto:Amanda.machimana@dhs.gov.za">Amanda.machimana@dhs.gov.za</a>	082 909 9505	043 604 5536
Lungisa Radebe	DWA	<a href="mailto:Radebelz@dwa.gov.za">Radebelz@dwa.gov.za</a>	082 886 6037	043 604 5560
Selemeng Morapeli	DWA	<a href="mailto:morapelis@dwa.gov.za">morapelis@dwa.gov.za</a>	083 235 0447	043 604 5535
Ntosh Sikweza	DWA	<a href="mailto:sikwezan@dwa.gov.za">sikwezan@dwa.gov.za</a>	082 888 0460	043 604 5541
Ayakha Ntengenyane	BCMM	<a href="mailto:ayakhan@buffalocity.gov.za">ayakhan@buffalocity.gov.za</a>	079 527 2058	043 705 1097
Pumla Linganiso	DLGTA	<a href="mailto:Pumla.linganiso@eclgta.gov.za">Pumla.linganiso@eclgta.gov.za</a>	082 759 1054	040 609 6440