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Experts believe that community involvement is necessary for the development of water and sanitation systems. But increasing the involvement of local communities has not had a significant impact on the success of these systems. Most systems do not supply water on a large scale, and their prospects for long-term sustainability are weak.

Water supply in Eastern and Southern Africa

Involving communities

Agencies and national governments are increasingly involving local communities when developing water and sanitation systems. Despite this, the functionality of systems in East and South Africa remains weak.

The issue of sanitation has received far less attention from policy makers than has water supply access. In most cases, the development and management of sanitation facilities takes place at the household level, whereas a water supply facility is often a communal concern.

This article, based on SNV's experiences in Ethiopia, Kenya and Tanzania, describes ways to improve management of both water and sanitation facilities. We make a case for an integrated approach to water and sanitation that can improve health conditions in communities.

Community participation: water supply

A 2008 water point mapping study undertaken by SNV in ten rural districts of Tanzania reveals that 43% of 6109 existing water points are no longer operational. Only two thirds of people in the ten districts have access to safe drinking water. However, the number drops to one third when functionality is taken into account.

The study concludes that access is limited by such factors as poor location of the water source, inappropriate technology, substandard quality and uncertainty about the ownership of the water source. Most community members were not consulted during the preparation phase of water supply development, yet the facilities were built and subsequently handed over to the communities to operate and maintain. In cases where consultations did take place, only community leaders were involved. Those most affected by the lack of a functional water supply system, notably women, were not included. In spite of decades of experience in developing systems for water and sanitation, genuine community involvement during all stages of water supply development leaves much to be desired. What communities need – including technology, level of service, access to spare parts – are all too often ignored.

Community involvement in sanitation

Communities also make sanitation a lower priority than water supply access. Water supply is considered a communal concern, whereas sanitation and hygiene are seen as having much more to do with an individual's behaviour. Throughout East and South Africa, the focus of sanitation programmes has largely been on latrine coverage at the household level, which is only part of the solution.

Sanitation programmes should focus more on community involvement, and they should go hand in hand with water supply programmes. Communities lose the benefits of safe drinking water if they do not also have proper sanitation.

This is the rational underlying the Community-Led Total Sanitation (CLTS) approach, which is currently gaining popularity in a number of African



Children from the Karimojong tribe at a waterpump, in East Africa.

Improving community participation in Tanzania

To give more voice to communities, Tanzania has established District Water and Sanitation Teams (DWSTs). A DWST facilitates community meetings and discusses the benefits and limitations of different options so that communities can make informed choices. A DWST also trains community members in required skills and provides support for major repairs or expansions of water supply systems.

In the late 1980s, a gravity flow water supply was constructed in the Mvomero district, to provide drinking water to three villages. But as the population of the villages increased, the supply was no longer sufficient. The local water committee tried to find a solution by setting up a distribution system. This system provided water from a tap at specific hours. Although this temporarily solved the problem, a long-term solution would involve increasing the water flow. This meant a major expansion of the project.

The community lacked the technical knowledge to undertake the work, and in 2008 sought support from the DWST in Mvomero. Several meetings between the community and the DWST were held. The result was an action plan, whereby the DWST committed technical assistance and materials (cement, pipes and fittings), and the community provided local materials and labour for excavation and transporting materials to the sites.

Although work is still in progress, the situation has improved vastly. More water is available, and users have shown increased willingness to pay for the operating costs of their water supply. The project also helped the DWSTs gain recognition and hence credibility as a government agency.

countries. CLTS seeks to ‘shock, shame and encourage’ action to create a clean and hygienic environment. Hand washing with soap or ash and other hygiene-related behaviours are encouraged. During the community planning and assessment process of CLTS, other aspects of hygiene behaviour change are identified. The focus shifts from mere toilet construction for individual households to the creation of open defecation free (ODF) villages. Over time, ODF villages move up along the sanitation ladder, improving the structure and design of their toilets. The boxes (right) describe the outcomes of three CLTS initiatives that took place in 2008.

Another promising approach is to start WaSH programmes in schools which consist of establishing water supply, toilets and hand washing facilities where there is a serious lack. For example in ten schools in Mwanza, Tanzania, 8,453 pupils share 57 latrines. This amounts to approximately 1 latrine for 150 pupils, whereas the Tanzanian standard is 1 latrine for 20 girls and 1 for 25 boys. One advantage of WaSH programmes focusing on schools is that they directly reach out to large numbers of children. Hygiene promotion and awareness creation as part of the broader education curriculum can positively influence the behaviour of children. These children can become change agents spreading sanitation and hygiene messages in their communities.

Conclusion

During the International Drinking Water Supply and Sanitation Decade (1981–1990) governments were encouraged to *‘increase the attention devoted to health education and community participation and to the need for close operational linkages between health and water supply agencies’*. Nearly 20 years later, genuine community participation is still lacking, and the links between water supply programmes and sanitation programmes are often weak. On a positive note, we see that in ESA countries integrated approaches with serious community involvement are gaining ground. However, the pace of adopting these approaches is too slow to achieve the Millennium Development Goals (MDGs) by 2015. With the current trend it is estimated that by 2015 in sub-Saharan Africa 234 million people will still lack water and 317 million will lack sanitation. <

Further Reading

- EUWI. (2006) *Getting Africa on Track to Meet the MDGs on Water and Sanitation*. AMCOW, ADF, EUWI, WSP and UNDP. www.irc.nl/page/32664
- GTZ. (2008) *Water Supply and Sanitation Reforms in Kenya, Tanzania, Uganda and Zambia*.
- Land, T. and Hauck, V. (2003) *Building Coherence between Sector Reforms and Decentralization*. Paper no. 49. European Centre for Development Policy Management (ECDPM). www.sti.ch/health-systems-support/swap/swap-project/swapwebsite/references/decentralisation.html

CLTS approach in Southern Ethiopia

In 2008, SNV Ethiopia supported local government authorities in six districts of Southern Ethiopia to implement CLTS in 52 villages and help them achieve ODF status. SNV, together with six local capacity building institutions (LCBs), trained 250 government staff and seven NGOs.

The following lessons were learned:

- Strong facilitation skills are crucial. The change process requires effective communicators who need not necessarily be technical people.
- The participation of outsiders in the launch and follow-up sessions is essential to evoke behavioural change.
- Sustaining the process and participation of the community requires recognition of community efforts by peer communities and government authorities.
- Involvement of LCBs and local NGOs deepens the community understanding of the CLTS concept, sustains the process and assists in scaling up the process across the wider community.
- Including local leaders in comprehensive advocacy sessions at the district level fosters participation.
- School and village representatives should be members of the local CLTS team and participate jointly in all steps of the CLTS exercise. The village community should transect where pupils defecate, calculate the volume of fecal matter from the school and discuss its impact on the village. In the village CLTS action plan the school should be considered as a household in the village with special needs.
- Commitment of local leaders of key social institutions such as churches, mosques and so on must be obtained to enhance an active role in CLTS implementation and follow up.

WaSH programme, Isiolo, Kenya

Water, sanitation and hygiene (WaSH) programmes have also helped improve sanitation in Kenya. School WaSH facilities (water supply, toilets, hand washing facilities and disposal of cleaning materials) in many rural and urban schools do not meet the required standards, or don’t exist at all.

An SNV Kenya School WaSH programme in the Isiolo district of Kenya had the following three components:

- Initiating CLTS in seven schools.
- Organising school management committee (SMC) action planning workshops (SMCs identified problem areas in their school and prepared plans to address them).
- Monitoring the implementation of the SMC action plans in the schools.

The schools, selected by the district education office, were based in areas where communities practiced open defecation and placed no priority on sanitation and hygiene. Because facilities in the schools were dirty and inadequate, the students had turned to open defecation. This practice was also rampant at home, because the majority of the homesteads didn’t have latrines. The students revealed the defecation areas, which caused embarrassment to the SMCs and parents.

Further discussions took place with the SMC, parents and students about the links between what happens at home and what happens at school. Because many students practiced open defecation at home, they were likely to do so at school as well. Most of the parents have now resolved to construct latrines at home. The SMCs have developed plans and submitted budgets to meet the Kenyan standard of 1 latrine for 25 girls and 1 for 35 boys

CLTS approach in Schools, Eldoret, Kenya

In Eldoret, a 2008 ‘routine’ assessment of 42 public and 94 private primary schools by the municipal education department identified the lack of school sanitation and hygiene as one of the key issues affecting school performance of 47,000 enrolled pupils.

The municipal education and public health departments, the water and sanitation company (ELDOWAS), Uasin Gishu District Environment (NEMA) office and members (including NGOs and PSOs) of the Eldoret ‘Green Town’ initiative hosted a stakeholder meeting. The purpose was to assist 30 participating public schools in leading the development of WaSH improvement plans.

As well as focusing on water and sanitation facilities, training events targeting SMC, pupils and parents address the contributing factors to behavioural change. These include hygiene education (content and approaches), hygiene practices, greater appreciation of sanitation facilities (environments conducive to proper usage) and linking hygiene practices in pupils’ homes to the community at large.

To monitor performance and provide an incentive to participating schools, the scope of the school environment competition (for the best progressing and performing schools) has been widened to include:

- water: quantity, quality, distance to source, conservation, utilisation and maintenance;
- sanitation: gender-specific pupil/toilet ratio, minimum design standards, cleanliness and innovation; and
- hygiene: hand washing and disposal of sanitary towels.