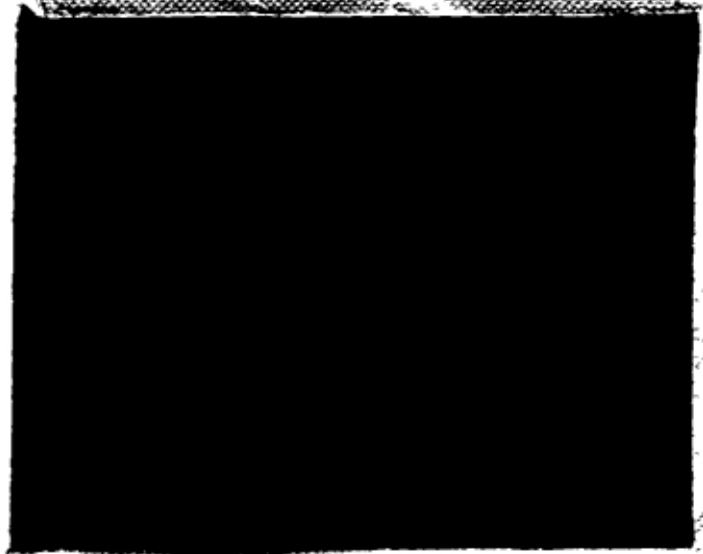


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HOUSING DIVISION

Ministry of Interior

P. O. Box MS 174

Maseru, Lesotho



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A REVIEW OF SOCIOLOGICAL
ASPECTS OF URBAN SANITATION

MARCH 18 - APRIL 9, 1982

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KINGDOM OF LESOTHO
MINISTRY OF INTERIOR
THE URBAN SANITATION IMPLEMENTATION TEAM

A REVIEW OF SOCIOLOGICAL
ASPECTS OF URBAN SANITATION

MARCH 18 - APRIL 9, 1982

by

Piers Cross

Consultant Social Anthropologist

Centre
for Community Development
Apply

April 1982

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CIDA	Canadian International Development Agency
CORW	Community Outreach Worker
GOL	Government of Lesotho
HEU	Health Education Unit (MOH)
LDTTC	Lesotho Distance Teaching Centre
LEHCo-oP	Lesotho Lower Income Housing Company
MOH	Ministry of Health
MOI	Ministry of Interior
PCU	Project Co-ordination Unit (MOI)
PSSP	Primary School Sanitation Project
PSWSSP	Primary School Water Supply and Sanitation Project
TAG	Technology Advisory Group
UNICEF	United Nations Children's Fund
UNCDF	United Nations Capital Development Fund
USIT	Urban Sanitation Implementation Team
VIDP	Ventilated Improved Double Pit Latrine
VIP	Ventilated Improved Pit Latrine

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SUMMARY

1. A sociological appraisal of basic needs and attitudes affecting urban sanitation in Maseru was undertaken to support the work of the Urban Sanitation Implementation Team (USIT). USIT is an interdisciplinary team in the World Bank Urban Project Co-ordination Unit in the Ministry of Interior (MOI). Behavioural aspects of sanitation experience were examined in the housing developments at Katlehong, Khubetsoana and Thamae's; and the promotional, educational, community liaison and investigative functions of USIT were reviewed.
2. It is concluded that the Ventilated Improved Pit Latrine technology being promoted in urban Maseru is not beneficiaries' first option but, as designed, is a culturally acceptable low-cost alternative. In Katlehong, the first housing development in which ventilated pit latrines have been implemented, the problems remaining are primarily technical: groundwater in pits and potential pit emptying problems. The principal behavioural target for education or technical modification is the need to close latrine seats.
3. The Community Outreach Worker (CORW) programme is reviewed and found to have made little progress. Recommendations are made to strengthen the management and monitoring of the programme including the creation of an Interim Advisory Committee.
4. The management of public sanitation facilities to be provided under the World Bank project is reviewed and recommendations are made towards a pilot project in self-help management at a primary school.
5. It is recommended that more emphasis be given to the monitoring, community liaison, and sanitation promotion functions of USIT. The priorities in sanitation development in the new housing estates are to monitor community development and sanitation experience. The upgrading programme in Thamae's will require considerable sanitation promotion and community liaison, particularly with and between tenants and absentee landlords.



I INTRODUCTION

- 1.1 In accordance with my terms of reference, I visited Lesotho from the 18th of March to the 9th of April, 1982.
- 1.2 The purpose of the visit was to conduct a review of sociological and promotional work being undertaken by the Urban Sanitation Implementation Team (USIT) in the Ministry of Interior (MOI). Terms of reference for the short term consultancy included reporting on:
- perceived needs relevant to the design of sanitation facilities;
 - the experience of sanitation technologies in the Katlehong and Khubetsoana housing schemes;
 - an interim review of the Community Outreach Worker (CORW) programme;
 - the design of monitoring and future evaluation activities.

Full terms of reference are appended in Annex 1.

- 1.3 In the course of briefing it became apparent that much of the ground-work for an understanding of basic needs and attitudes affecting urban sanitation already exist. Rather than concentrate on new survey work, it was agreed that the mission should, as a priority, review the considerable amount of existing survey data, develop its analysis, identify areas that require further study and design procedures to obtain outstanding information. A consultancy workplan was developed and is attached in Annex 11. Activities undertaken in the course of the consultancy include interviews; attending community meetings; site visits; an observational study; and 3 surveys by questionnaire.
- 1.4 During the consultancy I worked closely with the staff of USIT, in particular with two sociology graduates, Thabo Khaketla and Nomsa Dlangamandla, Senior Community Development Officers in the unit.

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The Permanent Secretary of the Ministry of Interior, Mr. S. Phamotse, and the Urban Sanitation Co-ordinator, Mr. B. Jackson, were kept fully informed of progress during the mission, and the full report on the mission's findings was presented to the Permanent Secretary before departure. A list of persons with whom discussions were held is appended in Annex III.

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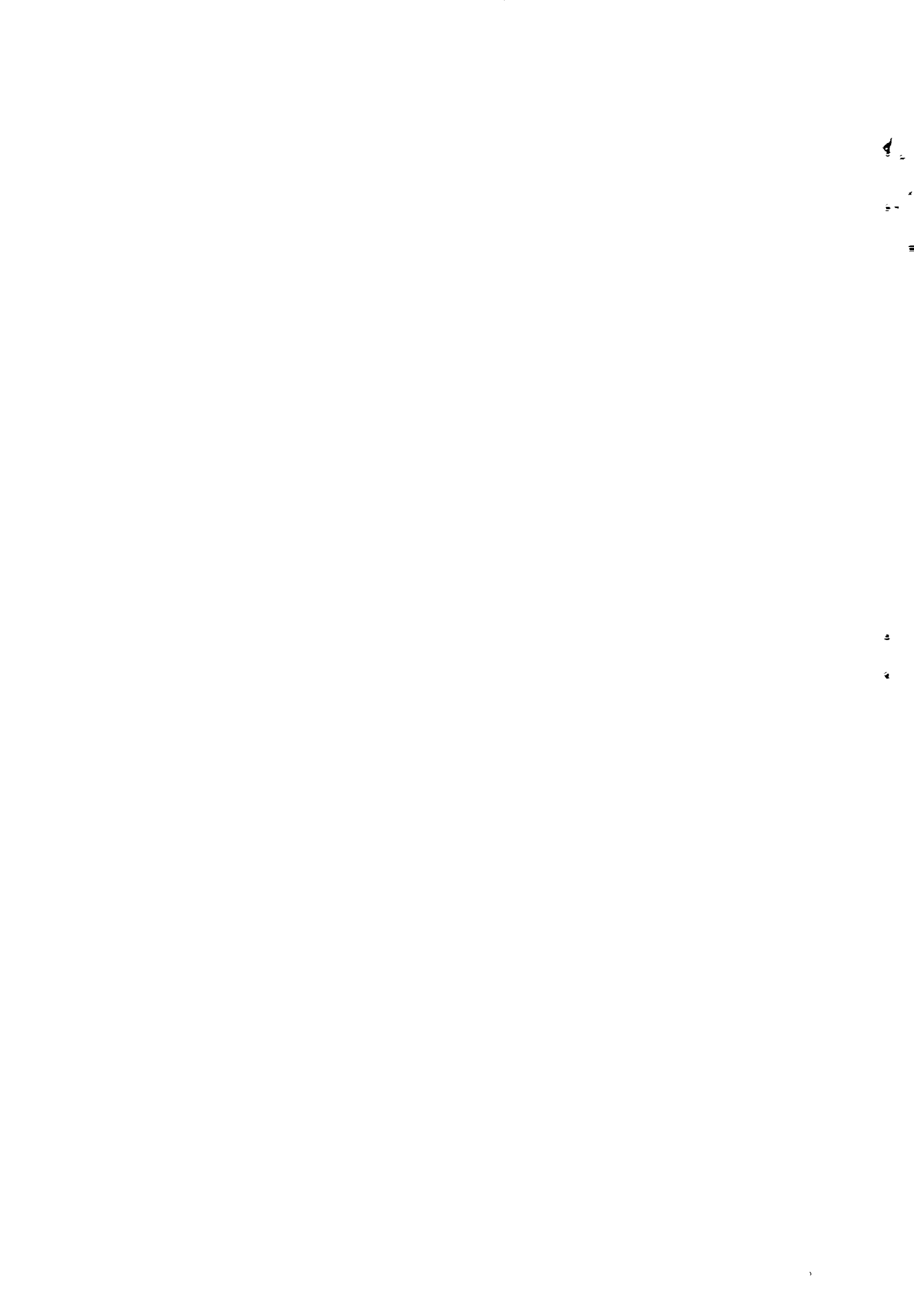
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II BACKGROUND

Urban Sanitation in Lesotho

- 2.1 About 11 per cent of the total de jure population of 1.4 million people in Lesotho in 1982 are resident in urban areas. Over 60 000 of these live in the capital, Maseru, whose periurban suburbs are growing at 11 per cent, 3 times the national population growth rate. The growth in rural-urban drift has been affected by a decline in outmigration, a growth in landlessness, worsening prospects for agricultural subsistence and the centralisation of employment opportunities.
- 2.2 The provision of infrastructural facilities to meet the basic needs of the growing urban population is a priority of the Government of Lesotho (GOL) in the current Five Year Development Plan (Ref. 1).^{*} Existing provision of excreta disposal facilities is in itself inadequate. A recent survey of housing conditions in Maseru found that over 13 per cent of all households had no facilities whatsoever, 31 per cent used bucket latrines, 42 per cent used pit latrines and only 14 per cent had access to flush toilets (Ref. 2). Moreover, the same report argues that sanitation is the most cost-effective investment in improving basic facilities for the urban poor.
- 2.3 Conventional engineering solutions to the disposal of excreta in urban areas have become inappropriate to the needs of developing countries. A mass extension of water-borne sewerage is, for example, way beyond the means of Government and the great majority of the urban population. The night soil collection services in Maseru are an unhygienic and unpopular option. The majority of pit latrines, too, are poorly designed and an inadequate means of excreta disposal.
- 2.4 There is an immediate need to develop methods of excreta disposal which are locally acceptable, affordable and appropriate, particularly in urban areas where the risks of unsanitary conditions are greatest, and where major developments in urban densification and the provision of low-cost housing are under way.

^{*} References are listed in Annex IV.



Ministerial Responsibility

- 2.5 The Ministry of Interior (MOI) has the responsibility for urban development (see Organogram A in Annex V). The World Bank is presently assisting a major urban infrastructural development within the Ministry providing site-and-service facilities at Khubetsoana and upgrading facilities in Thamae's. The World Bank Urban Project follows from a Canadian International Development Agency (CIDA) - assisted site-and-service scheme at Katlehong* executed by the Lesotho Lower Income Housing Company (LEHCo-op). LEHCo-op have recently been transferred to the MOI.

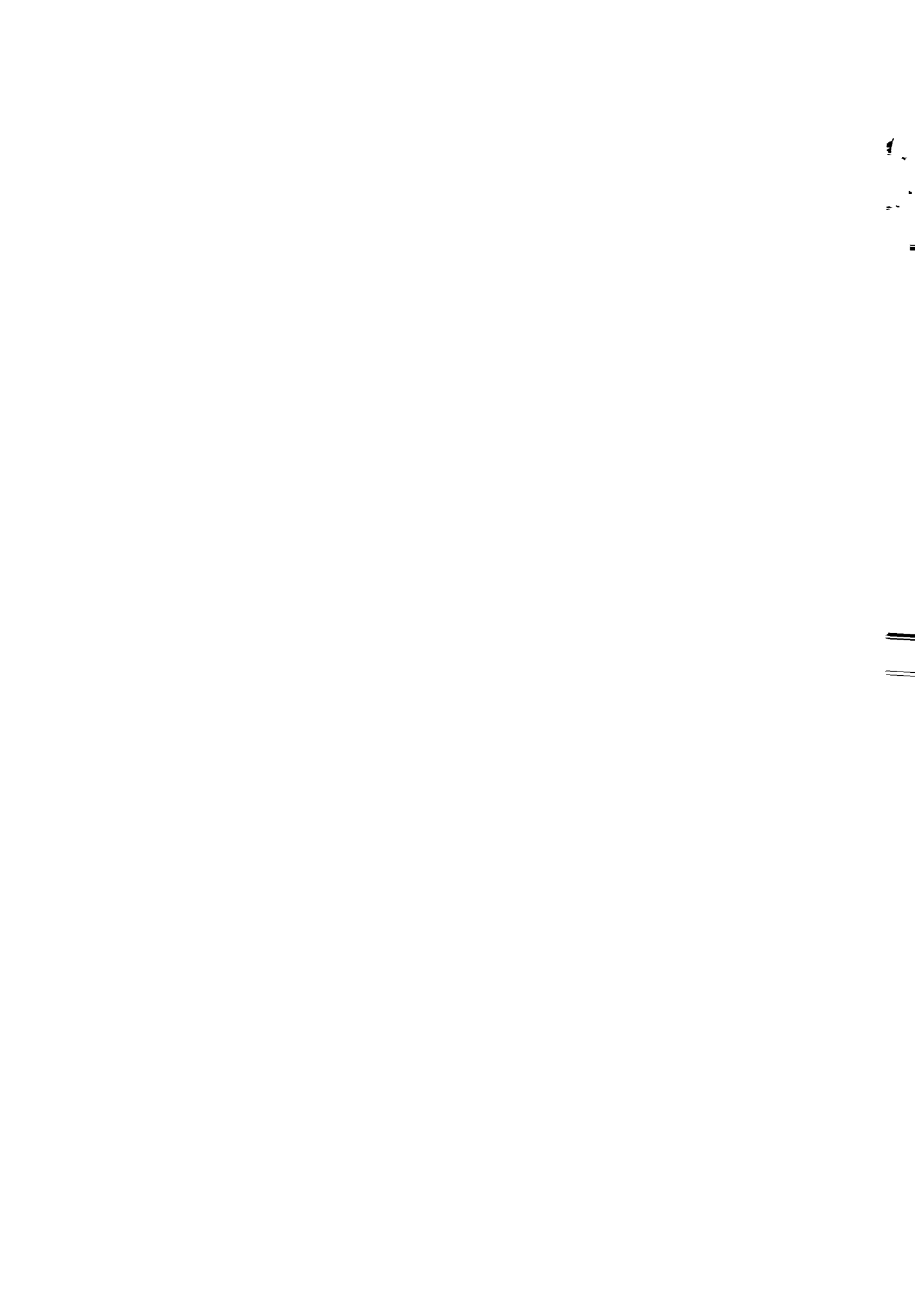
The Urban Sanitation Implementation Team (USIT)

- 2.6 The sanitation component in urban development is the responsibility of USIT, situated in the Project Co-ordination Unit (PCU) of the World Bank Urban Project. USIT is a multidisciplined unit (see Organogram B in Annex V) comprising skills in public health engineering, sociology, health education and technical skills in construction, which has been established to meet the needs of urban sanitation in the Urban Project and over the course of the International Drinking Water Supply and Sanitation decade, 1981 - 1990. USIT's functions are:

- To advise on appropriate urban sanitation technologies;
- To undertake sanitation promotion and education;
- To evaluate beneficiary's needs and the acceptability and performance of sanitation technologies;
- To monitor engineering, sociological, health educational and administrative issues in urban sanitation development.

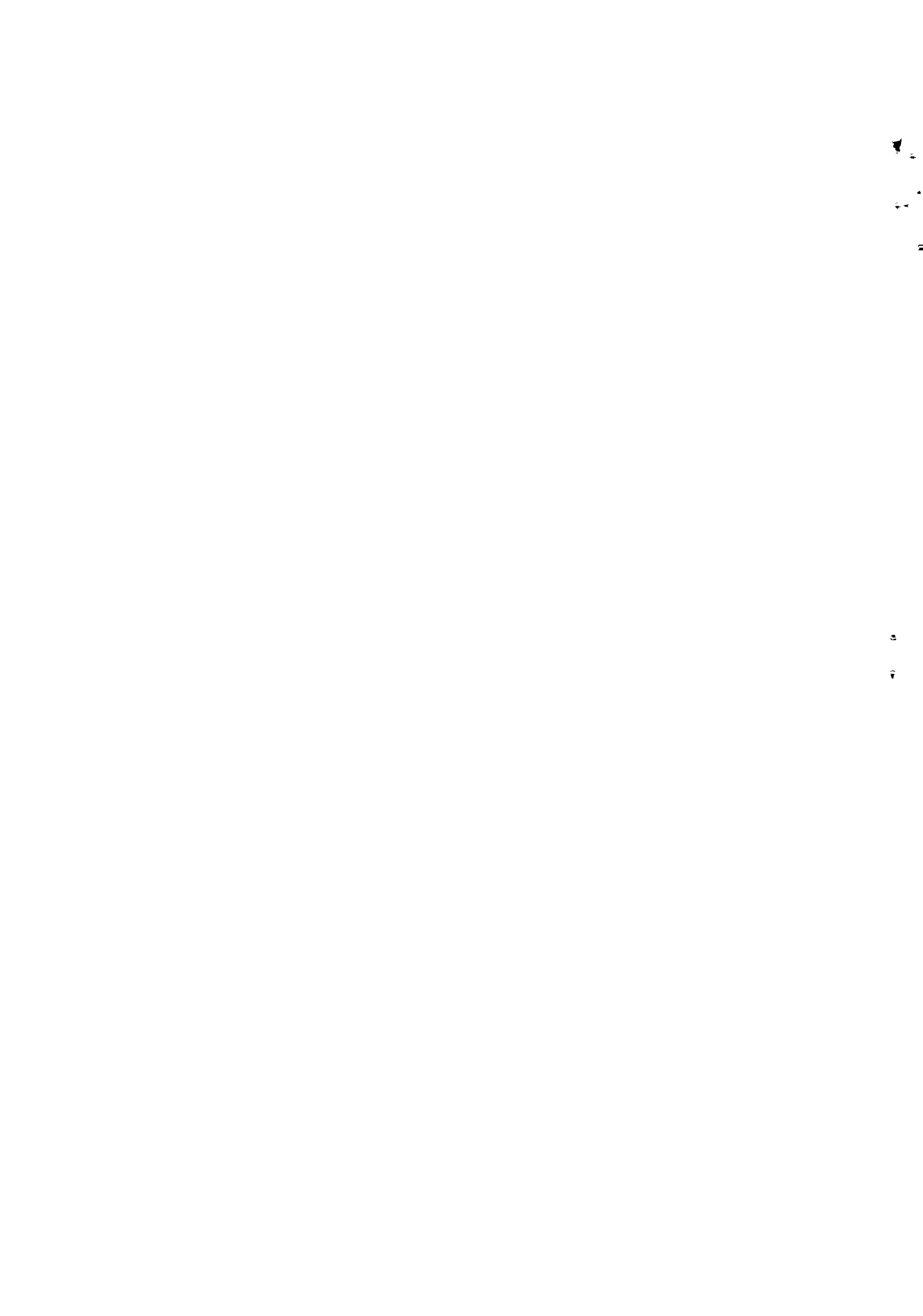
- 2.7 The experience gained from the provision of urban sanitation to the World Bank and CIDA - assisted projects in Katlehong, Khubetsoana and Thamae's will form the basis for the development of urban sanitation elsewhere in Lesotho and provide a model for the development of the Rural Sanitation Unit to be established in the Ministry of Co-operatives and Rural Development.

* White City was recently re-named Katlehong.



Sociological Aspects of Sanitation

- 2.8 A considerable amount of work has been undertaken on the sociology of water supply in Lesotho (Ref. 3). By comparison, before the establishment of USIT, little effort had been made to identify behavioural constraints in the provision of better sanitation. Initial work has only been carried out with reference to rural sanitation (Ref. 4) and primary school sanitation (Refs. 5 and 6).
- 2.9 The importance of a clear understanding of the sociological aspects of sanitation provision derives from three points:
- (a) The high failure rate of excreta disposal programmes in Africa is due, in great part, to insufficient consideration for user's needs and preferences in project planning (Ref. 7).
 - (b) Sociological surveillance is of particular importance in development projects which rely on an element of self-help or community participation to ensure effective implementation.
 - (c) The improvements in health sought by sanitation programmes may not be achieved without an understanding of the behavioural aspects of disease transmission.
- 2.10 The sociological surveillance being done in USIT seeks to ensure that Urban Sanitation in Lesotho does not fall foul of these hazards.



III A REVIEW OF SANITATION EXPERIENCE IN KATLEHONG

Background

- 3.1 Katlehong is a site-and-service housing development in urban Maseru managed by LEHCo-oP and assisted by CIDA. Built between January 1979 and late 1981, the project was the first lower income, low subsidy housing development project to implement pit latrine technology rather than water-borne sewerage. The experience of sanitation in Katlehong is of the greatest importance to implementing on-site sanitation in other urban areas in Maseru.
- 3.2 The project constructed 215 houses together with essential services: water supplies (1 communal standpipe per 20 households), sanitation (1 latrine per plot), soakaways (1 per plot) and roads. The project was inaugurated by the Prime Minister in March 1982.
- 3.3 The criteria for selecting Katlehong residents included: that they had steady incomes, not exceeding M150 (December 1979 prices); that they did not already own a site or house in Maseru; and that they had resided in Maseru for the preceding year. Beneficiaries were given a short training course explaining what services they would receive and what their responsibilities were, and were issued with a home-owners manual, which includes latrine maintenance procedures. Each house was built over a period of up to 8 months, either by the residents themselves or by builders hired by the beneficiaries. Roads, water supplies and the substructure of latrines were built by direct labour. Beneficiaries pay, on average, between M16 and M20 per month to repay the cost of the loan and services. Sanitation is not paid for separately.

Existing Data Sources

- 3.4 In addition to the information on LEHCo-oP data sheets, the following studies have been undertaken on Katlehong:
 1. Zaheer Bhyat An Analysis of the Socio-economic Characteristics of Katlehong Applicants, LEHCo-oP Evaluation Unit, January 1980 (Ref. 8).
 2. Haifaa Shanawany Analysis of the Socio-economic Characteristics of Katlehong Residents, TAG/LES/09, November 1980 (Ref. 9).

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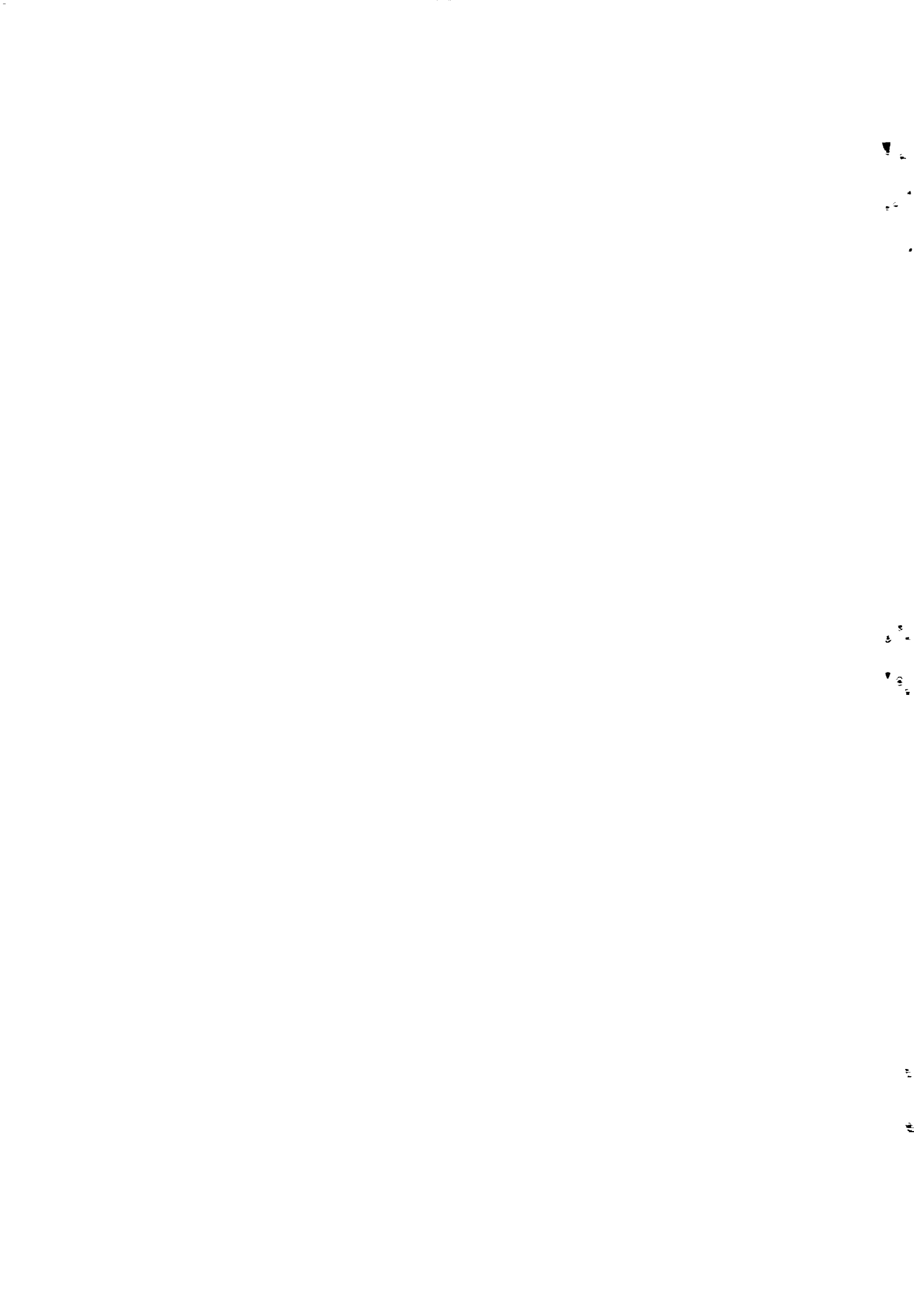
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3. Haifaa Shanawany Baseline Sample Study of Hygiene, Sanitation and Water Practices among Beneficiaries on the White City Site, TAG/LES/09, November 1980 (Ref. 9).
4. Thabo Khaketla Urban Sanitation: Pit Latrines for the Lower Income Housing Project at White City, NUL, March 1981.
5. Thabo Khaketla Katlehong Sanitation Visual Inspection (unpublished), USIT, June 1981.
6. John Brown Evaluation of CIDA assisted Low-Cost Housing in Lesotho, CIDA (undertaken June 1981, data not obtainable in April 1982).
7. Thabo Khaketla Katlehong Sanitation Problem Probing Study, USIT, February 1982 (unpublished).

3.5 These sources contain a good deal of data of varying quality on the applicants and their attitudes to sanitation. There is little information on other sociological aspects of the new community.

Profile of Katlehong Residents

- 3.6 Approximately 60 per cent of the 215 households have female household heads. Most female household heads are unmarried. The average household size is 4 persons. In comparison with previous Maseru housing projects, most heads of households in Katlehong are older and earn less. In 1980 the median reported total household income was M79.
- 3.7 The majority of households depend principally on an earner in the public or private sector in salaried employment. On the basis of a small number of family visits, it appears that the number of households dependent solely on informal sector employment and with irregular incomes has grown. Approximately 10 per cent of households are occupied by tenants either in one section or in the whole house.
- 3.8 Only 5 per cent of households do not have a member without primary education, and about half the households have had some secondary education. Almost all households have at least one literate member.



Sanitation Practices and Attitudes

Prior Facilities

- 3.13 Approximately 35 per cent of present Katlehong residents had previously used bucket latrines, 40 per cent pit latrines, 12 per cent water-borne sewerage, and 12 per cent were unsupplied. Urban residents without latrines commonly defecated in their neighbours' latrines or in their yards, in the street, in dongas (erosion gullies), or behind walls or vegetation.

Local Attitudes to Excretion and Excreta

- 3.14 There is evidence that many Basotho believe that frequent, regular bowel movements are a sign of good health. In one limited survey 11 out of 15 respondents felt it healthy for adults to have more than one bowel movement per day and half the sample of mothers stated that it was healthy for their children to pass over 2 stools per day (Ref. 5). The use of laxatives and enemas is very widespread. Diarrhoeas are common, particularly among children under 5 in summer months, and there is evidence that loose stools might be endemic and taken to be a sign of good health.
- 3.15 While cattle dung is in regular use in rural and some peri-urban areas, human excreta is regarded as extremely offensive and, where possible, not handled. Although residents express dislike at the prospect of desludging latrines, a study of the prospects of pit emptying in Katlehong concluded that residents would be prepared to remove benign sludge. In common with many societies, children's stools are seen to be less offensive than adult stools.

The Demand for Urban Sanitation

- 3.16 Urban development strategy in Lesotho is characterized by 'top down' planning and there has been little formal investigation into resident's development priorities. It is clear that there is a considerable and growing urban demand for improved sanitation fostered

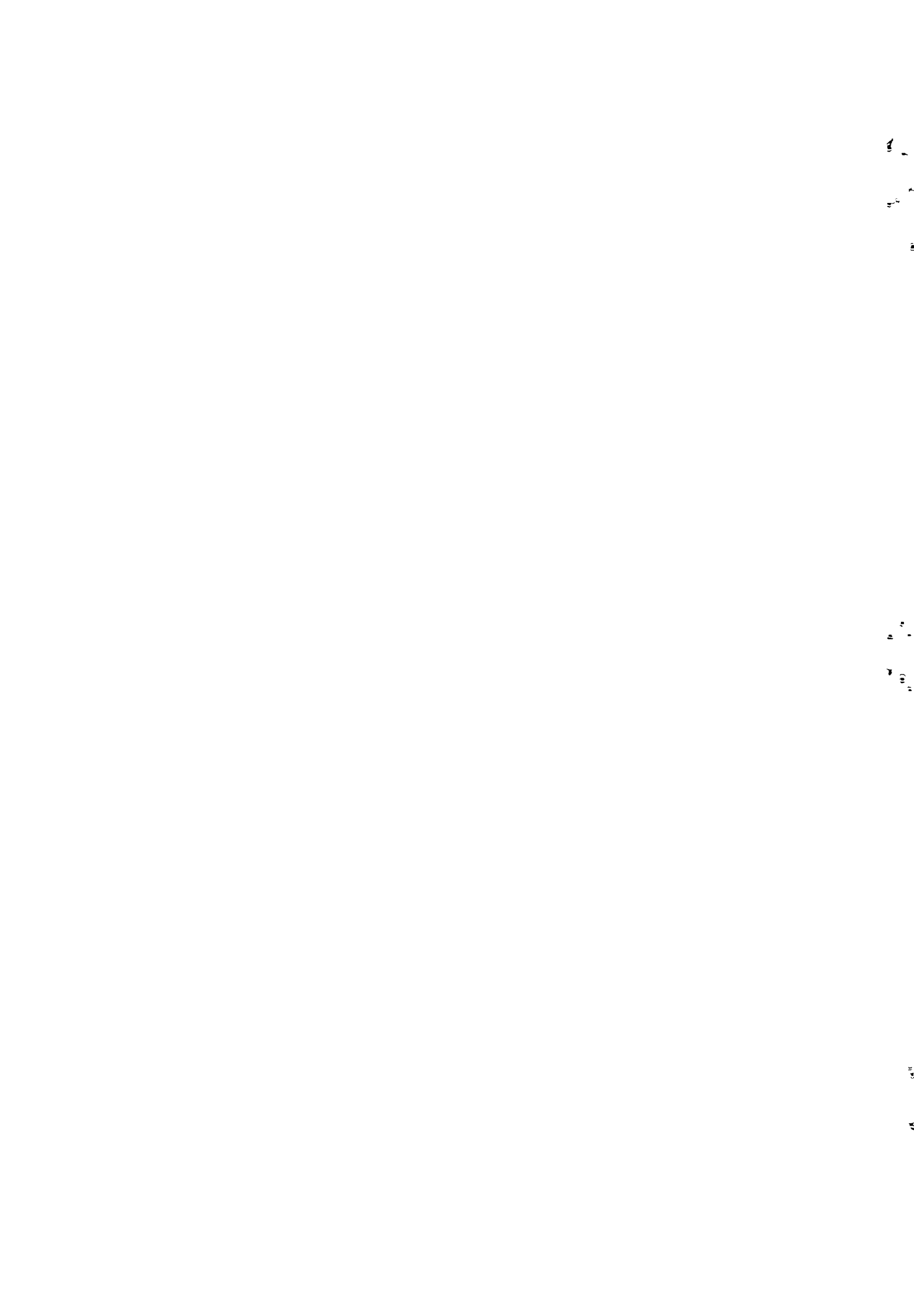
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Community Development

- 3.9 Measured against the prospect of no housing at all, or renting on the open market, residents are well pleased with Katlehong. But residents are also critical of several aspects of the housing development, principally the density of the housing, which is quite foreign to Basotho domestic spacial concepts; the community's isolation; and the lack of community facilities.
- 3.10 The housing development provided few community facilities: no clinic, community centre, schools, cemetery, playground or park. The community is somewhat physically isolated, being a kilometre from the nearest public transport.
- 3.11 Community institutions are in their infancy. Concerned residents formed a Katlehong Community Committee in 1981, but its statutory powers and local functions are undetermined. In the absence of a chief or local authority, local disputes remain unsettled and can fragment the community. The density of housing and lack of borders between properties has exacerbated local disagreements.
- 3.12 Yet there is some evidence that the very lack of facilities and structured leadership may enhance community development. An informal system of user responsibility for maintenance of communal standpipes has, for example, been instituted. The Community Committee has met to discuss priority needs and 23 households came together to plan a co-operative shop. The co-operative is presently converting part of the LEHCo-oP store shed into the shop. A creche has been established in the remainder of the shed to look after the children of the large number of working mothers, and the childminder's salary is met by parents' subscriptions. Other activities being pursued by the Committee include the provision of public transport or the formation of a community transport service; attracting other shopping services; and obtaining a neighbouring site for poultry production.



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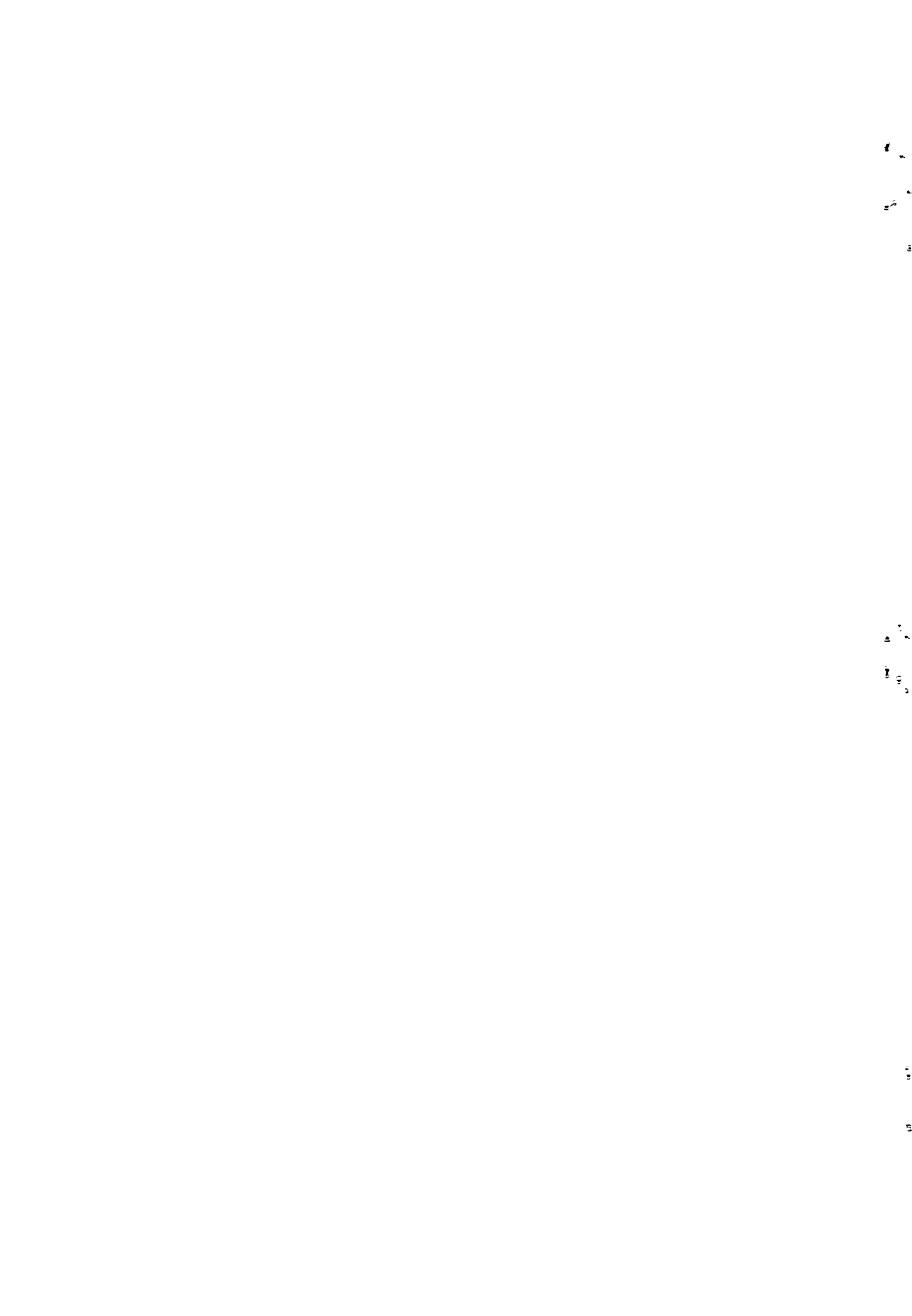
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by increasing population density; aspirations for visible home improvements; relatively high educational levels; and the desire for privacy, modesty, comfort and hygiene. Katlehong residents appear to value their facilities.

Beneficiary Preferences in Sanitation Technology

- 3.17 Katlehong's first preference in excreta disposal technology is clearly for water-borne sewerage. All LEHCo-OP's previous housing projects have included flush toilets, and Katlehong residents have frequently requested these facilities. When the relative costs of water-borne sewerage and on site pit latrine technologies are presented there is de facto acceptance that water-borne sewerage is not a realistic option without considerable Government subsidy.
- 3.18 Bucket latrines are regarded positively by some, in that wastes are removed from the household site and that the cost to the householder is low. Over time, problems of spillage, the resultant smell and flies, and irregular collection become major disadvantages. Unimproved pit latrines have a poor reputation for reasons of their smell, the flies they attract and their often unsound construction though they remain the standard facility used by most Maseru households.
- 3.19 Ventilated Improved Pit Latrines were the chosen sanitation option for Katlehong, and 158 permanent single-pit and 56 double-pit Ventilated Pit Latrines (VIPs and VIDPs) were constructed. Residents were not involved in the choice of technology nor its local application, though the following local cultural preferences were taken into consideration:
- latrines have seats not squat plates;
 - the seat design is modelled on flush toilet seats;
 - seats are easy to clean;
 - single compartments afford privacy;
 - siting is generally behind, though close to houses;
 - smell and flies are reduced.



3.20 Katlehong residents were not given the choice of a VIP or VIDP, the VIDPs being implemented in rocky ground conditions. The arbitrary distribution of VIPs and VIDPs to beneficiaries may be a source of dissatisfaction in the future. Beneficiaries with permanent VIPs are unaware that when the pit is full they may have to bear the additional cost of having their latrines emptied by vacuum truck while their monthly payments remain the same as households with VIDPs.

3.21 The experience of promoting VIDPs in Thamae's suggests that where households can afford the extra cost of a VIDP, it is regarded as preferable to a VIP for reasons of its permanence, the fact that it doesn't require successive pits dug, its lack of dependence on an unreliable removal system, and its more spacious interior. VIDPs frequently double as storage rooms, for cement, tools and other household belongings, particularly in smaller houses. On inspection 65 per cent of latrines were used as storerooms.

Beneficiary Complaints

3.22 Since occupancy, considerable dissatisfaction has been expressed about the performance of the latrines at Katlehong. The principal complaints have been:

- water in the pits;
- latrines smelling;
- flies from latrines.

Water in Pits

3.23 A visual survey of every pit latrine in June 1981, a relatively dry month, established that there is water in about half the pits in Katlehong, and it was estimated that one third of all pits were about half full of water. One section of the village has been affected worse than others. In 3 or 4 latrines pit walls had started to erode. In response to complaints LEHCo-oP have lined several of the worst affected pits to prevent pit collapse. Even these pits



remain full of water. The opinion among many beneficiaries is that the stagnant water is a source of pollution and smell. This may not be based on fact but perennially wet pits have several consequences for emptying. Wet sludge may be constantly subject to reinfection by pathogens, and may not be readily moved by manual labour.

Smell

- 3.24 The additudinal study carried out in February 1982 found that a third of residents complained of unpleasant smells coming from inside their latrines. The question may have prompted complaints because an inspection the previous June found that bad odour was detectable in less than 5 per cent of latrines. Nevertheless, a number of complaints about the latrines smelling have been recorded and the issue requires continued technical monitoring.
- 3.25 On re-analysing the data from these two studies the hypothesis was tested that households complaining about the odour from their latrines were those that had been observed habitually leaving their seat covers raised. On limited data, of households complaining of a latrine smell, less than a third were those found previously to have left their seat covers raised whereas the general incidence of unclosed seats is around a half.

Flies

- 3.26 Two thirds of beneficiaries in the additudinal study complained of a fly problem. On a winter inspection at variable times of day, flies were observed in only 4 per cent of latrines. 91 per cent of fly-screens were found to be intact and firmly installed. Further investigation might be undertaken into the type and habit of flies should complaints persist.
- 3.27 On re-analysis it was found that of the households complaining of flies, just under a half, a similar figure to the general incidence of unclosed seats, were found to have left their seat covers raised on visual inspection.



Other Complaints

- 3.28 Other beneficiary complaints recorded include that the VIP pits are not sufficiently deep and fill up too quickly, and that neighbouring latrines are too close to households.

Latrine Usage

Adult Usage

- 3.27 Prior to moving to Katlehong a study of beneficiaries in their old dwellings reported a variable pattern of defecation. Even among those with access to sanitation, between 10 and 20 per cent of adults were at times defecating or urinating in their yards (Ref. 9). Urination out of doors, particularly under cover of darkness, remains a practice in at least 10 per cent of households. It is probable that the pattern of yard or street defecation does not persist in Katlehong except at the sites of the 2 to 3 shebeens that operate in the suburb. Environmental pollution is at its worst in and around shebeens. The 10 per cent of households renting out portion of their house have to share facilities with their tenants and this may, in certain instances, lead to misuse of latrines.

Child Usage

- 3.30 Previous studies in Lesotho have found that children below the age of 8 have been discouraged from using communal pit latrines (Ref. 5). In Katlehong children are encouraged to use family latrines, though there is little information on their actual habits; it would appear that most children are trained to use a chamber pot by the age of 3 and a latrine by 5. It is presumed that children will adapt to latrine seats.

Household Management of Latrines

Cleaning Latrines

- 3.31 On inspection most latrines were found to be kept clean. In over 90 per cent the interior was swept and unsoiled. 71 per cent of chutes were found to be clean and occupants explained that women in



households washed the seat and chute down with soap, water and a rag when it became dirty.

Closing Doors

- 3.32 Most Katlehong households (75 per cent on inspection) keep their latrine door closed. There is little evidence of vandalism or the need to prohibit others entering latrines, since few latrines have padlocks and most are held closed by a barrel-bolt or nail.

Closing Seat Covers

- 3.33 Despite instruction in LEHCo-oP beneficiary training and in the home-owner's manual, about half of households had not closed their seat covers on inspection. Most householders are aware of the importance of closing the seat and err out of habit. The habit may well be contributing to a fly problem and encouraging fly-borne disease; closing seats should be a specific target for health education, or alternatively the focus of a technical modification.

Maintenance and Repairs

- 3.34 Maintenance of latrines is the home-owner's responsibility and instruction in maintenance is given to initial beneficiaries and reproduced in the home-owner's manual. Tenants may not see this document. Householders are generally aware that maintenance is their responsibility though little has yet been carried out. Major problems and repairs may be referred back to LEHCo-oP, as in the case of relining pits (see para.3.23), though channels of communication between the community, their representatives and either USIT or LEHCo-oP are poorly developed.

Pit Emptying

- 3.35 No pits have as yet been emptied and procedures and responsibilities for desludging pits are not well established. There appear to be several potential problems with either manual desludging or emptying by vacuum truck which will have to be faced in the future. These



include:

- Some VIPs are inaccessible by vacuum truck;
- Payment for vacuuming;
- VIDPs perennially filled with water may also need vacuum removal;
- Many VIDPs are also inaccessible by vacuum truck;
- We do not know for certain whether beneficiaries will all be prepared to evacuate their own VIDPs.

Hygiene in Katlehong

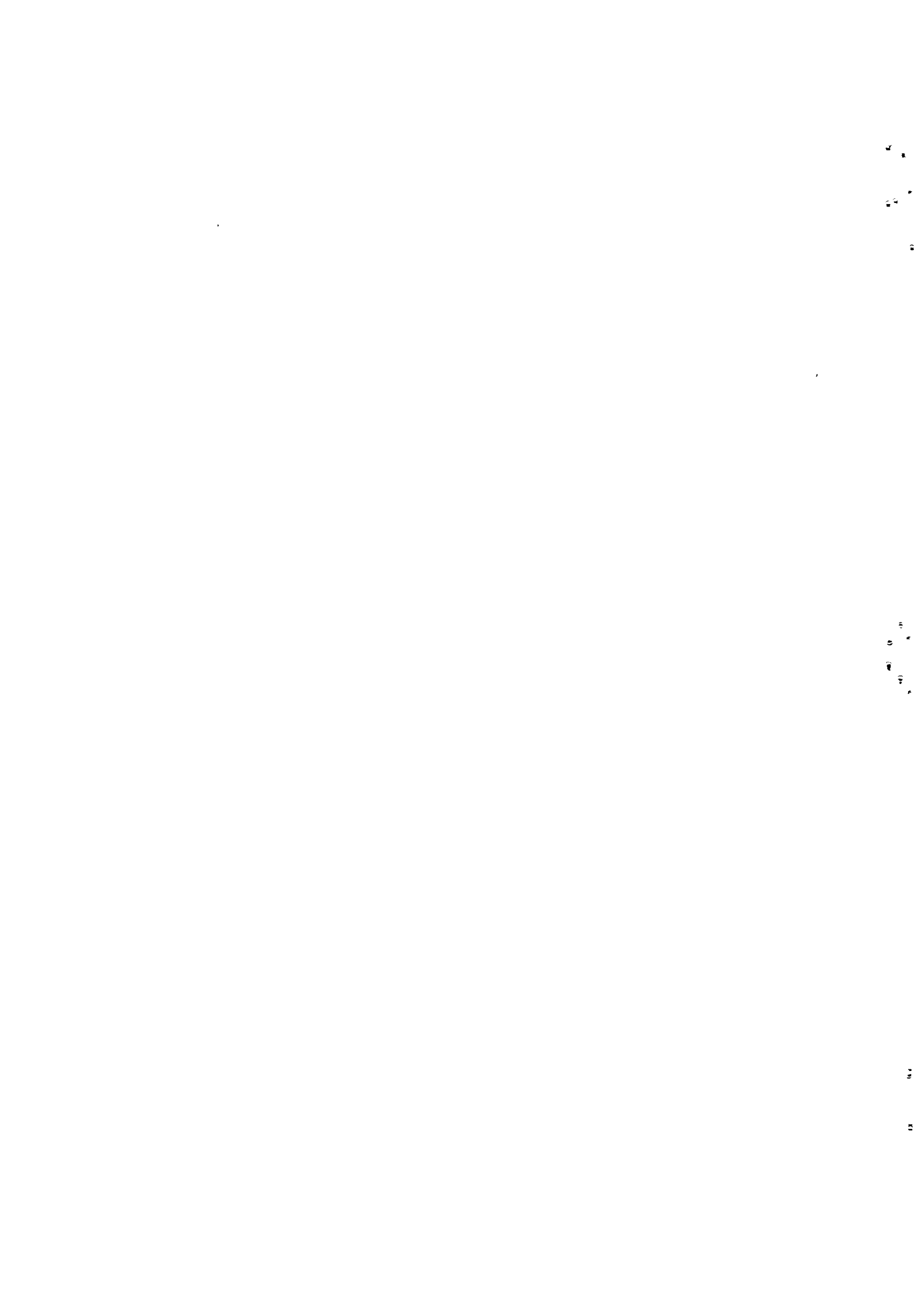
3.36 The following paragraphs summarise the principal features of hygiene in Katlehong derived from brief field observation updating the 1980 study of hygiene among beneficiaries (Ref. 9).

Personal Hygiene

3.37 Water is collected at communal standpipes and stored in houses for domestic and personal use. Standards of personal hygiene are high among adults and most adults wash and bathe regularly, and say they wash their hands before meals. Without a water source close to the latrine hand washing after defecation may not be regular. Most children probably do not wash after defecating. Most babies wear nappies. The faeces from nappies, and urine and faeces from chamber pots are generally deposited in latrines.

Domestic Hygiene

3.38 Clothes are generally washed in metal tubs in household yards and occasionally at communal taps. Sullage is discarded down soakaways, or in the 20 per cent of households where soakaways are blocked, on the garden or in the street. Floors and living areas are regularly swept. Approximately half households prepare food in the living room. Water is scooped with a mug or bowl for cooking or other purposes. A minority of households have private garbage bins.



Community Hygiene

3.39 The environs of shebeens are polluted by urine, excrement and rubbish. Open street drains have already become blocked in places, and water stagnates on the roadside.

Conclusions and Recommendations

3.40 The VIPs and VIDPs installed in Katlehong do not fulfil beneficiaries' ideal in sanitation, but are a culturally acceptable alternative which promote a higher and more hygienic level of usage than other types of sanitation in Maseru.

3.41 The sanitation problems that remain are primarily technical, rather than cultural or educational, and are the result of deficient planning, construction or site investigation. Current problems include:

- dealing with the groundwater in the pits;
- gaining access to VIPs when emptying (and where necessary VIDPs);
- ensuring that the smell and fly problem does not derive from inadequate ventilation, poor construction or closed seats;
- blocked soakaways.

3.42 The important foci in latrine user education are:

- ensuring that adults defecate and urinate in latrines at all times;
- child usage;
- anal cleansing with paper;
- closing latrine doors to keep interiors dark;
- shutting seats.

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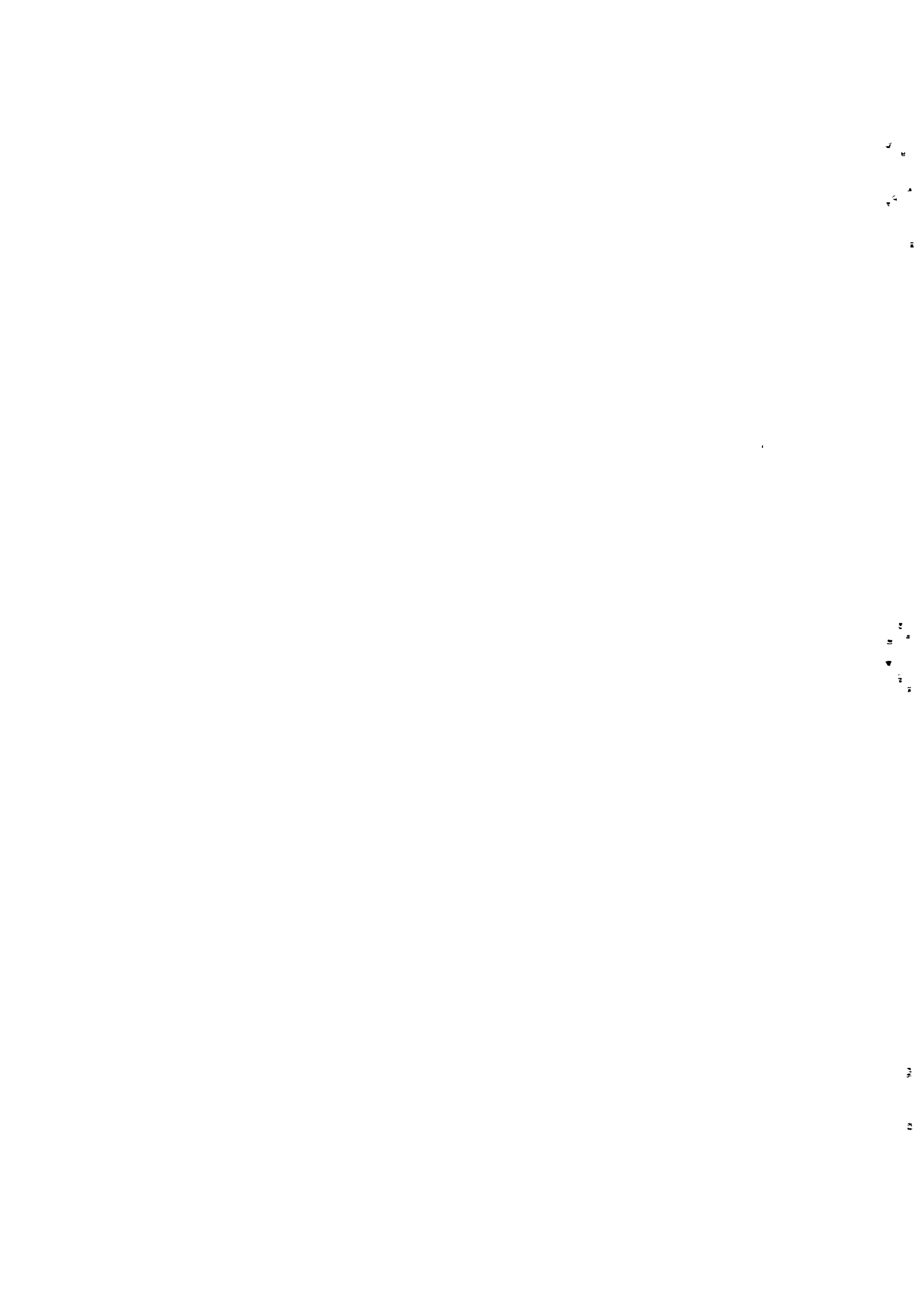
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- 3.43 It is recommended that pilot latrines be installed to test the practicality and acceptability of seats constructed so as not to remain open, and spring-shut latrine doors.
- 3.44 The important foci in hygiene education are:
- washing hands after defecation;
 - depositing sullage in soakaways;
 - depositing garbage in garbage cans;
 - devising a strategy for improved hygiene at shebeens;
 - cleaning streets and open drains.
- 3.45 It is recommended that monitoring meetings be held every 3 months between USIT, LEHCo-oP, Community Section and community representatives to pre-empt problems and report on progress. Monitoring data should be filed as recommended in Section VIII.
- 3.46 It is recommended that USIT undertake yearly rapid appraisals as part of their monitoring procedure among a sample of households throughout the pilot phase of the project.
- 3.47 It is recommended that, in addition to latrine inspection and questions to householders, the yearly rapid appraisal include observational study of community and individual behaviours. The 'appraisal' should be broadened to include an examination of latrine usage and other hygiene-related behaviours. A draft questionnaire, inspection checklist and notes on observation has been developed and is attached in Annex VII.



IV THE COMMUNITY OUTREACH WORKER PROGRAMME

Programme Objectives and Design

- 4.1 A health education supplement to the urban development at Katlehong was devised in late 1980 (Ref. 9) and funded by UNICEF. The programme's principal objectives were to alter behavioural practices detrimental to health, and to encourage use and maintenance of water and sanitation technologies.
- 4.2 The programme was modelled on Village Health Worker projects, and was to consist of a small cadre of Community Outreach Workers (CORWs) selected by their community and trained in health promotion by the Health Education Unit (HEU) of the Ministry of Health (MOH). CORWs were conceived to be part-time volunteers who would be paid a monthly honorarium of M20 by the MOH.
- 4.3 The programme was to be a pilot project from which lessons could be learnt about health promotion strategies suited to urban areas. It was to be monitored by LEHCo-oP in its first phase. Initial training was due to be completed in early 1981 and periodic refresher courses were to follow. A full evaluation was to take place in early 1983.

Interim Review

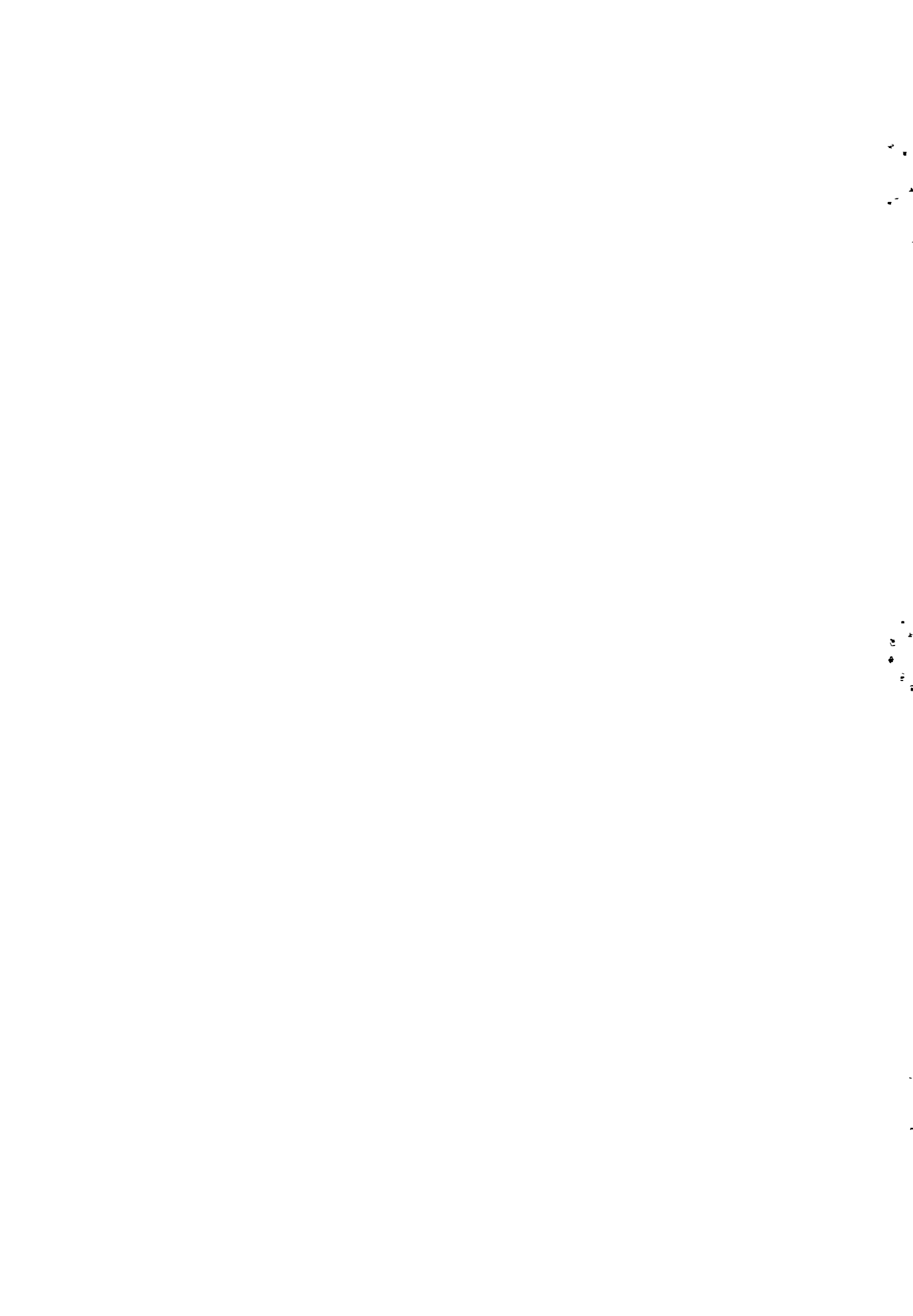
- 4.4 In the course of reviewing progress in Katlehong it was suggested that a brief review of the progress of the CORW programme should be made in the present consultancy and, if necessary, recommendations made for the development of the programme.
- 4.5 The interim review was conducted by discussion with officials in MOH, LEHCo-oP and the Katlehong Community Committee, and by interviewing the CORWs.* A list of questions put to the CORWs is attached in Annex VI.

* 4 complete interviews were conducted and data on the 5th CORW was obtained from interviewing the CORW's mother.



Selection of CORWs

- 4.6 CORW volunteers were first selected by the Community Section of LEHCo-oP. A misunderstanding about the nature of the work meant that the first group had to be replaced. The present CORWs were selected at a community meeting convened by HEU.
- 4.7 The present volunteers have the following characteristics:
- 4 are permanently resident in Katlehong. The fifth was supposedly resident but was unobtainable during repeated visits;
 - All were female, their ages ranging from 28 to 51, all with children;
 - Only 1 had a resident husband;
 - All had completed primary education and were literate;
 - In interview all expressed their willingness to serve their community.
- 4.8 Many of these characteristics match those initially proposed as CORW qualifications and selection criteria (Ref. 9, p. 28 and 29). The most problematic criteria for selection has been that of the occupation of CORWs. In the initial proposal CORWs were to be unemployed or in part-time employment and their work as CORWs was to take 8 hours per week. In the actual selection, volunteers were restricted to the unemployed, though one CORW has subsequently taken a permanent part-time job.
- 4.9 The difficulty that has arisen is that all but one CORW, who is supported by her husband, are the primary earners in their households. This means that, apart from the CORW in permanent part-time employment, 3 out of 5 of the CORWs are reliant on their honorarium as a primary source of income. Moreover, although these CORWs view volunteering as an act of self-sacrifice for their new community, they expect and hope that their voluntary position will, in the future, be upgraded to a full-time post, such as that of a Nurse-aide. In answer to a question as to how long they expect to remain CORWs, all claimed long term commitment, but it was apparent that obtaining secure paid



employment was unemployed CORWs' first priority. The honorarium was satisfactory while training, but in the long term they sought a secure income.

- 4.10 The only CORW with permanent employment has been unable to attend the great majority of training. This individual wants very much to continue working as a CORW, but her part-time job occupies her mornings and she is dependent upon that income to support herself and her 4 dependents. The other CORWs who regard their training as more of a full-time occupation prefer morning instruction.

Training

- 4.11 The HEU took responsibility for organizing the CORW training programme. A workshop was held on the 4th of April 1981 attended by Katlehong Committee members and representatives from departments to be involved in the training. CORWs were not themselves involved in the workshop as planned. A meeting on the 1st of July 1981 between the Katlehong Committee and HEU approved the final selection of the CORWs. Training began in early September 1981.
- 4.12 Over the 8 months from the beginning of September 1981 to the end of March 1982 the CORWs have received the following training:

<u>Subject</u>	<u>Length of Teaching*</u>
1. Community Development	1 week
2. Environmental Sanitation + Health	1 day
3. Poultry Management	1 week
4. Horticulture	2 weeks
5. Health Education	1 day
6. Management of TB Patients	1 week
7. Maternal and Child Care and Family Planning	2 weeks

- 5.13 The breadth of the training has diverged from the initial proposal which stated that the first month of training should concentrate on environmental health and that refresher courses would later broaden the function of the CORWs.

* The length of actual teaching has not been uniformly recorded.



4.14 The teaching has been poorly organised. A considerable amount of time has been wasted, and arrangements made in an ad hoc manner. The HEU have recently delegated the responsibility for arranging the remainder of the training to the Public Health Nurse (PHN), Maseru District. LEHCo-op have not participated in training or monitoring progress.

4.15 The CORWs greatly value their training and the opportunity afforded to them. In answer to questions about which subjects interested them most or were best taught a great variety of answers were recorded. The most popular seem to have been: The Management of TB patients; Agriculture, especially Poultry Management; and Maternal and Child Care.

4.16 A test of recall and understanding from what had been taught in environmental sanitation gave exemplary results. Every single CORW interviewed was able to describe the principles of operation and procedures for care of ventilated latrines.

CORWs in Practice

4.17 The CORWs have not yet formally begun their work, although some aspects of their training involved practical application. Activities to date recorded in interviews include: a few home visits to the sick; referral of TB suspects; the establishment of a knitting circle; and discussions regarding establishing a poultry co-operative. Some CORWs were unconfident about beginning work before formally completing their training and being presented to the community as Outreach Workers.

4.18 The CORWs have not yet divided up their responsibilities amongst themselves by area or topic. There is little awareness of to whom CORWs would report should they need assistance, and no regular liaison has been established either amongst themselves or between them and their neighbourhoods, the Committee or an outside agency.



Educational Materials

4.19 The project proposal called for the production of health educational materials to be used for training, for distribution to beneficiaries at Katleñong and other urban areas. Educational materials specified and for which funds were budgeted are:

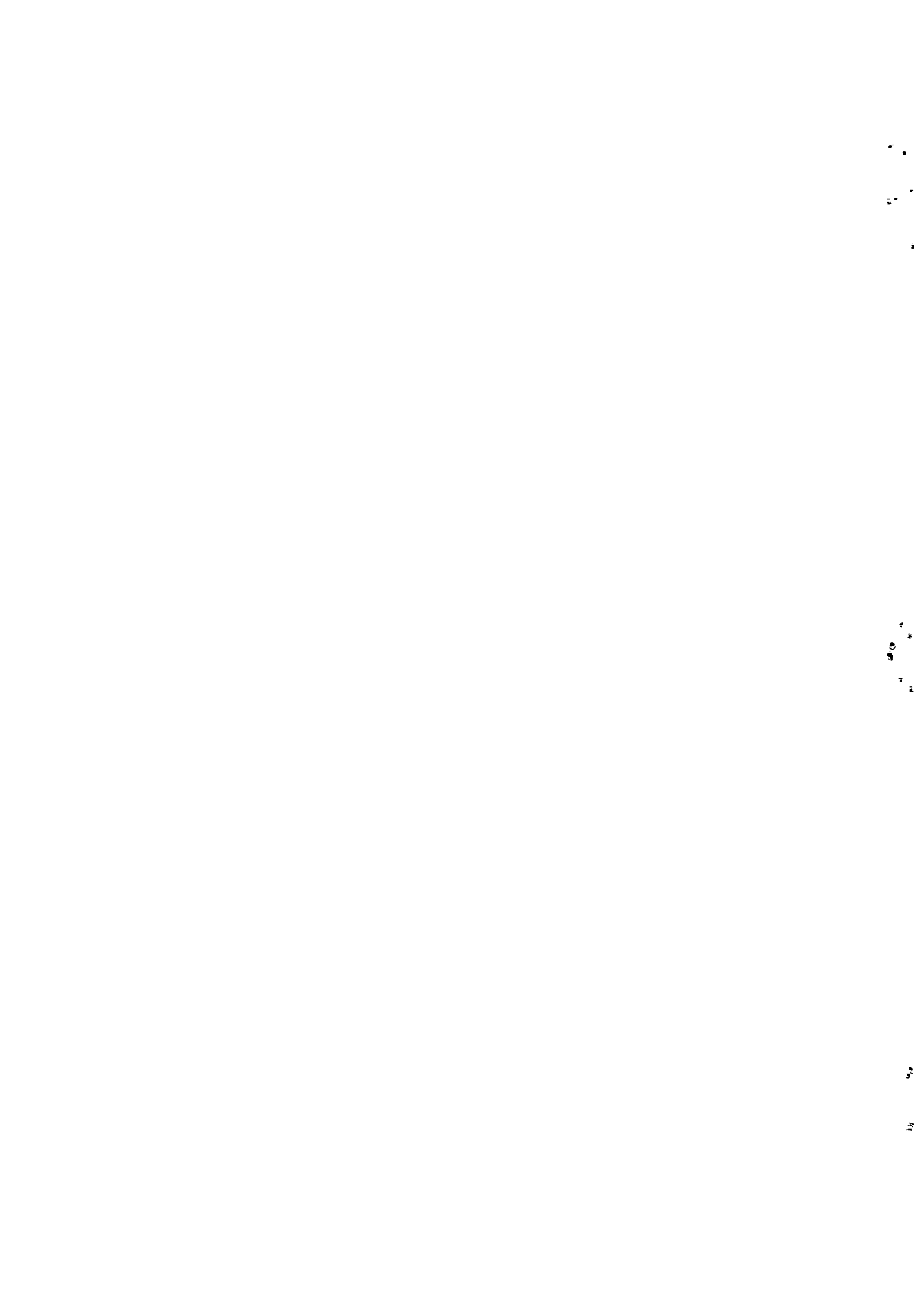
1. A pamphlet on VIP latrines (1,000 copies)
2. A pamphlet on public standpipes (1,000 copies)
3. A pamphlet on gastro-enteritis (1,000 copies)
4. A pamphlet on skin diseases (1,000 copies)
5. A pamphlet on nutrition (1,000 copies)
6. Posters related to the above themes (5,000 copies)
7. Cassette recording to be used for self-instruction by CORWs, in local committee meetings and in community meetings (60 minutes) (20)
8. Slides to be used at training courses, local committee and community meetings (24)
9. CORW working guide (drafted in 1980) (5)

4.20 None of these materials have been produced.

Recommendations

4.21 It is recommended that a CORW Interim Advisory Committee be established to strengthen the management of the CORW programme. The Committee would have the following functions:

- To advise on and monitor the further implementation of the CORW programme;
- To co-ordinate and guide the further training of the CORWs;
- To devise an updated activity schedule for the program which specifies dates for the completion of the initial training, and dates and topics for further refresher courses;

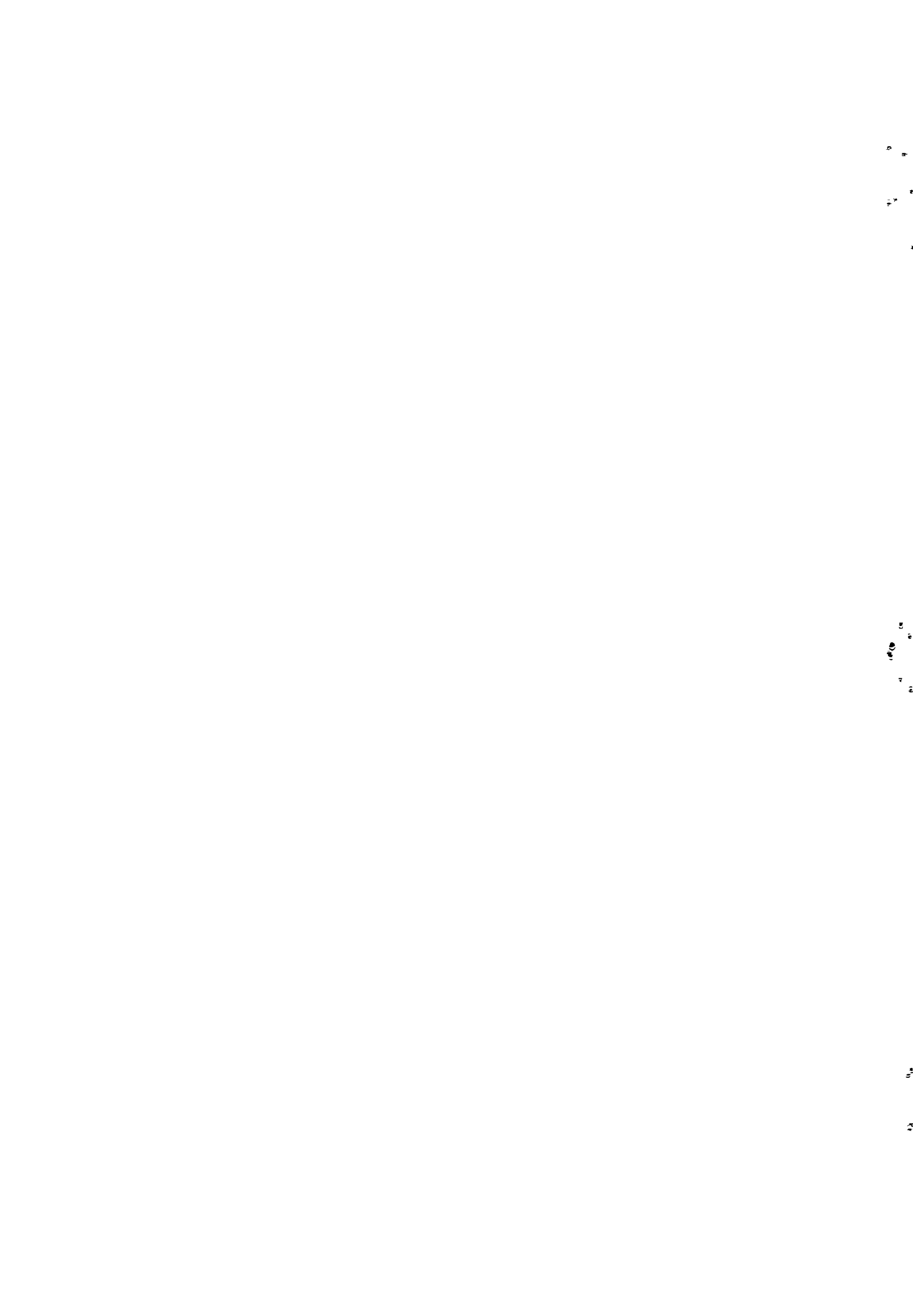


- To review a statement of expenditure to date on the project and draw up revised estimates on the basis of the new activity schedule;
- to develop the terms of reference for a consultant/contractor to develop the educational materials as outlined in the project proposal (Ref. 9, p. 31 and 32);
- To confirm and implement the system for monitoring the programme as specified in the project proposal (Ref. 9, p. 34);
- To receive the evaluation and monitoring reports as specified in the project proposal;
- To confirm and implement the roles of the HEU, PHN, LEHCo-oP Community Section and Evaluation Unit as described in the project proposal, and to ascribe appropriate tasks to USIT;
- To discuss the recommendations of this interim review of the CORW programme, and to implement recommendations as are appropriate.

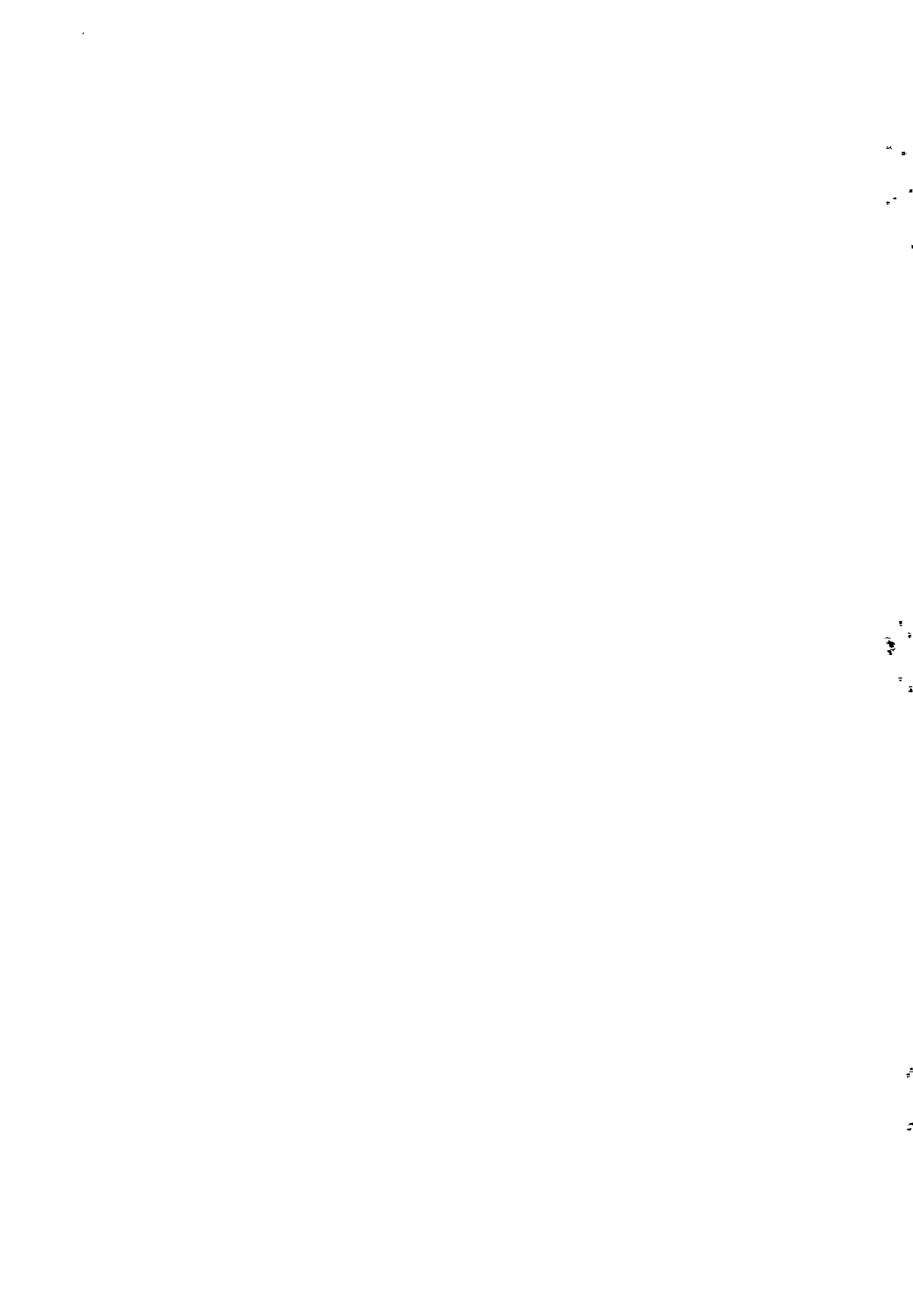
4.22 The Committee would consist of representatives from the following departments and organizations:

- the HEU, MOH;
- the PHN (Maseru), MOH;
- LEHCo-oP Community Section and Evaluation Section, MOI;
- the USIT, MOI;
- UNICEF;
- the Katlehong Community Committee;
- the CORWs.

The Committee would be chaired by the HEU until training was complete, whereafter the PHN (Maseru) would hold the chair.



- 4.23 It is recommended that the committee meet every two months until the evaluation of the programme in 1984.
- 4.24 It is recommended that the status of CORWs be confined to part-time volunteers receiving a monthly honorarium;
- 4.25 It is recommended that an additional criterion be added to the recruitment of future CORWs, should any of the existing CORWs resign. This is that prospective CORWs either be supported by other household members or be in secure part-time employment.
- 4.26 It is recommended that training is in future arranged so as to be suited to the needs of part-time volunteers. Afternoon or evening classes may be preferable to morning sessions.
- 4.27 It is recommended that on completion of training that a formal meeting to confirm the appointment of the CORWs is held in the community, and that CORWs are made aware of the programme's back-up procedures.
- 4.28 It is recommended that HEU with the collaboration of USIT employ a short term contractor/consultant to undertake the development of the educational materials specified in the project proposal.



V A REVIEW OF SANITATION IN KHUBETSOANA

Background

- 5.1 Khubetsoana is the site at an 862 plot site-and-service housing development project assisted by CIDA and the World Bank Urban Project. The area for development is almost 5 kilometers from central Maseru on a main tarmac road and near the site of a proposed agro-industrial development area. By December there were 113 completed houses on the estate. The projected date for completion of all construction is June 1983. Khubetsoana is also the site for 41 medium-cost houses constructed by the Lesotho Housing Corporation.
- 5.2 Khubetsoana low-cost housing project follows on from the Katlehong model and procedures for application, selection and training remain the same. The housing is aimed at households with incomes less than M250 (1981 prices). The project has built on the experience at Katlehong and there is provision for community facilities which include improvements to a primary school and facilities for a clinic, creche, community hall and market stalls. Plots are slightly larger than those at Katlehong and public transport facilities are already established.
- 5.3 There is little information on social aspects of the housing development at Khubetsoana. LEHCo-op have not analysed data obtained from applicants and sanitation surveillance work has not yet been initiated by USIT. Close proximity to the old village of Khubetsoana is likely to make the new estate develop with less cohesion than the smaller Katlehong community.

Sanitation in Khubetsoana

- 5.4 All plots in Khubetsoana are provided with VIDPs. Experience at Katlehong with the dangers of groundwater have led to a decision to line all pits to prevent pit collapse.

Health Education

- 5.5 In its pilot phase the CORW programme is confined to Katlehong. Until the evaluation of the CORW programme, health education



activities in Khubetsoana will be confined to those operating out of the clinic and the distribution of the VIDP user pamphlet and other promotional material from USIT. The clinic should be in operation in late 1982.

- 5.6 It is recommended that USIT, in collaboration with HEU, develop the environmental health component of clinic outreach activities.

Monitoring

- 5.7 It is reasonable to assume that the experience at Khubetosana with regard to the acceptability of VIDPs is comparable to that in Katlehong, and there is no immediate need to re-duplicate the sanitation beneficiary data collected in Katlehong. But the size of Khubetsoana is such that it is necessary to remain in touch with the beneficiary's viewpoint, both by community meetings and rapid appraisals. USIT monitoring recommendations are described in Section VIII.
- 5.8 It is recommended that in the first instance a single rapid appraisal be carried out in Khubetsoana after inauguration to examine the latrines and investigate beneficiary practices and attitudes likely to affect disease transmission. A draft appraisal form, which includes a questionnaire, inspection checklist and notes on observation, is appended in Annex VII.



VI PUBLIC SANITATION FACILITIES

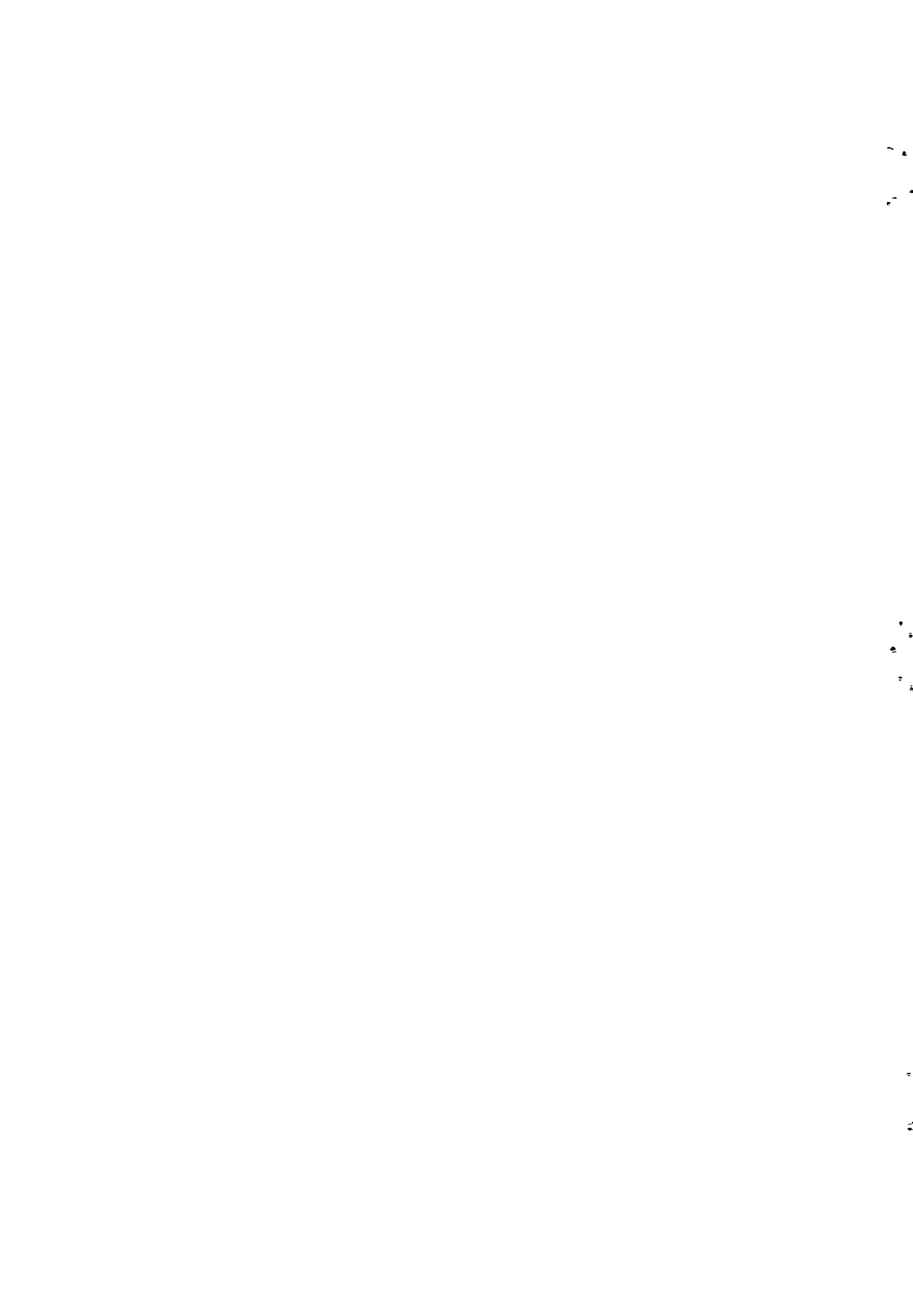
6.1 Sanitation is to be provided as a component of the following public facilities assisted under the World Bank Urban Project:

Public Facility	Sanitation Type	Status at 1/4/82
5 Primary Schools:*		
Khubetsoana	Multiple VIDPs	Complete and in use
Lithabaneng	Multiple VIDPs	Just completed, not yet handed over
Mpho Community School	Multiple VIDPs	Just completed, not yet handed over
Itekeng	Multiple VIDPs	Under construction
Motimposo	Row of moveable VIPs	Not yet started
Khubetsoana Creche	2 child VIPs	Under construction
Khubetsoana Clinic Staff	Waterborne Sewerage	Under construction
Public latrines for outpatients, community hall and market in Khubetsoana	Row of desludgable VIPs	Under construction
Public latrines for creche, clinic, hall, and market in Thamae's	Row of desludgable VIPs	Not yet started

Motimposo Primary School

6.2 Multiple blocks of VIDPs are to be built by contractors at all schools except for Motimposo Primary School. It has been suggested that the latter be selected as a pilot site for the proposed Primary Schools Water Supply and Sanitation Project (PSWSSP) (Ref. 11). The approach proposed in the PSWSSP is the construction of a row of moveable VIPs by community and school labour with the assistance of local builders. The choice of technology followed community-based

* USIT is supervising the construction of multiple VIDPs at one other School, St. James High School.



workshops reviewing the experience of the UNCDF-assisted Primary School Sanitation Project (PSSP), and is judged to be the most affordable, culturally acceptable and technically appropriate solution for the majority of primary schools.

- 6.3 Developing this approach at Motimposo Primary School has several problems. Firstly the PSWSSP approach was developed primarily for rural schools and their communities, and may not be able to attract the appropriate community response from a peri-urban community in Maseru where other services do not depend upon a community contribution.
- 6.4 Secondly, the school may feel it is receiving inferior assistance in comparison with other schools assisted by the Urban Project in which VIDPs and other facilities are built by contract labour.
- 6.5 Thirdly, Motimposo was included in the first PSSP, under which inappropriate communal facilities were built by community and school labour. The self-help project was poorly managed and there was a considerable delay in getting pits dug and the project completed. The slabs have now collapsed into the pits and the toilets are unsafe to use. Against this background, the attempt to remotivate parents and staff to contribute to a second self-help attempt, however well managed, may well flounder.
- 6.6 Fourthly, should progress in the test case be deficient it would be difficult to assess whether the failure resulted from the especially difficult pre-conditions or from the shortcomings of self-help strategy. A failure in the test case may unfairly put in jeopardy the future of a self-help approach in other projects.
- 6.7 Despite these problems the advantages of such a test case are considerable for the development of a national model for the improvement of primary school latrines, particularly in establishing a schools maintenance policy and in managing the collaboration between a local contractor, self-help labour and ministerial supervision. USIT are well-placed to be able to monitor and record the experience of the pilot.



6.8 There are 3 options for upgrading sanitation facilities at Motimposo Primary School.

Option A Construct VIDPs by contract labour, as per other Urban Project schools.

Option B Self-help construction of VIPs, as per the PSWSSP.

Option C VIPs as per the PSWSSP proposal, constructed by contract labour.

6.9 In the light of the need to support the development of national primary school planning, and yet in recognition of the especial difficulties of developing Motimposo Primary School as a full pilot project, it is recommended that option C be adopted. The purpose of adopting option C would not so much be a test of self-help construction procedures, but one of the suitability of the choice of technology as against multiple blocks of VIDPs and the previous communal unvented pit latrines.

6.10 If option C were to be adopted stages of implementation would follow from the PSWSSP proposal in all aspects save that of construction. Construction should not commence until USIT has gained a commitment from the school manager to establish a functioning school committee and to make real provision for maintenance, possibly by the employment of a school caretaker, who would be trained during construction in maintenance procedures.

6.11 Other factors in favour of option C are that the experience of appropriately-administered self-help procedures needs to be developed in the Ministry with the responsibility for primary school sanitation; that the MOI has little experience of this approach; and that effective self-help implementation would require a considerable input from USIT and may be at the cost of other activities.

6.12 It is recommended that USIT be responsible for monitoring progress for health education and for investigating users' experience of the technology.



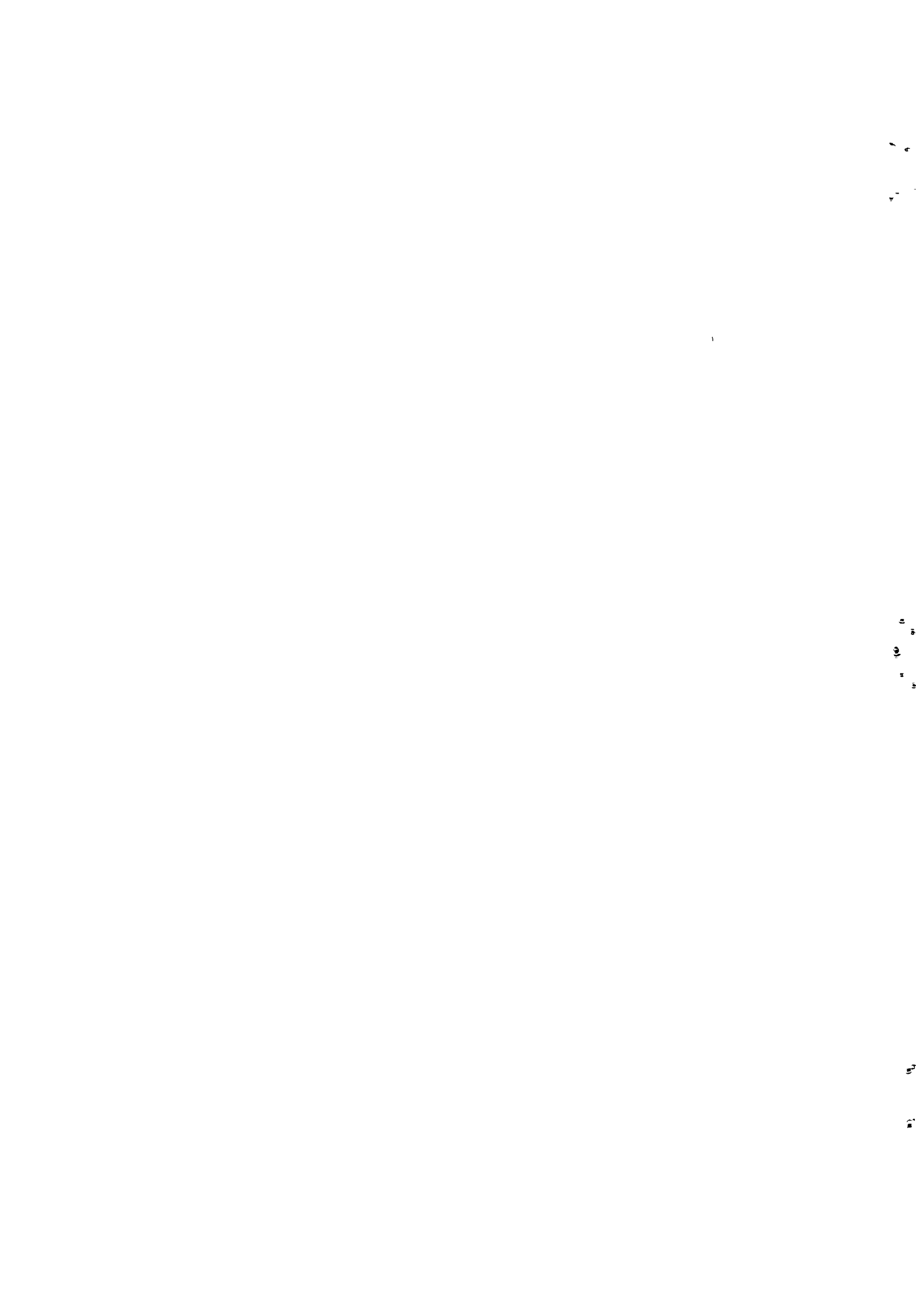
Sanitation User Education in Schools

6.13 On completion of each Urban Project-assisted school USIT plans to run a brief course for teachers and pupils on hygiene, disease transmission, and the usage and care of sanitation facilities. The education course has already been completed at Khubetsoana Primary School, the first school to be supplied with multiple VIDPs. The school had previously been provided with communal latrines under the PSSP.

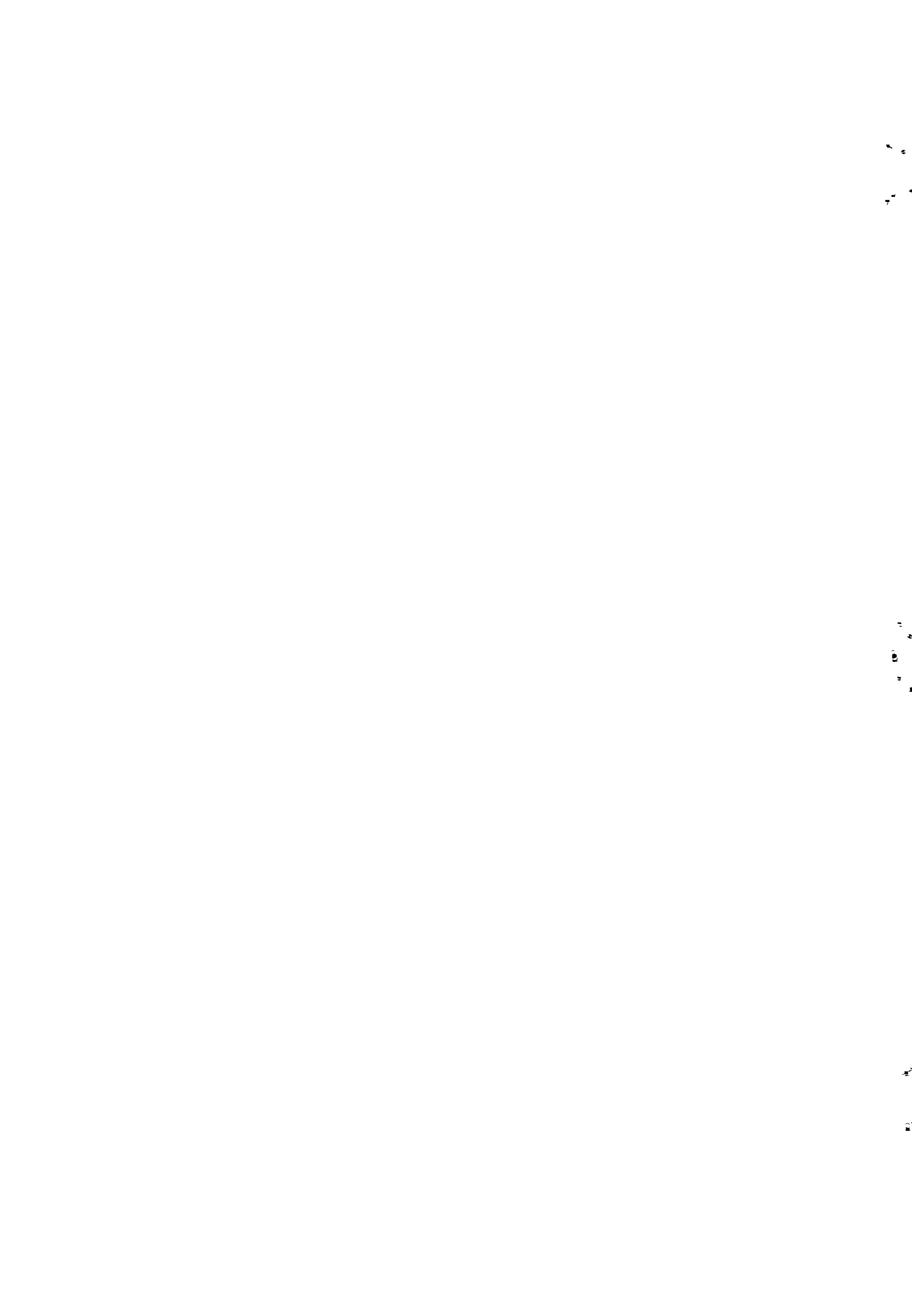
6.14 Prior to the course a survey of teachers' and pupils' attitudes and knowledge of sanitation was undertaken. The survey of 8 teachers and 452 pupils had the following results:

- hygiene is severely limited by a lack of water;
- over a third of children use something other than paper for anal cleansing;
- older children (standard 3 - 6) complained that younger children defecate on squat slabs;
- younger children (standards a and A) disliked latrines for fear of falling in, because of their smell and because of fear of rodents;
- 20 per cent did not have latrines at home;
- of those pupils who had latrines at home, two thirds reported having them less than 2 years;
- teachers had not previously undertaken sanitation user education.

6.15 Teaching materials were developed on the basis of this survey and instruction given to teachers (on teaching health education and procedures for maintaining the VIDPs) and to children (on hygiene and sanitation usage).



- 6.16 USIT intends to undertake a rapid follow up to measure the impact of the course once the school is supplied with water, and when latrines are satisfactorily completed. At present many of the seats do not have covers, and seats have been covered with a chip-board finish which is difficult to clean. On inspection it was found that the wrong seats were in use in adjacent pits so that all the pits were filling, defeating the purpose of the double pits. It is recommended that future maintenance and user education courses should pay especial attention to allocating responsibility for ensuring that the correct seats are in use in adjacent cubicles.
- 6.17 As an interim measure to examine patterns of usage at the school, an observation study was mounted for a single day to record the number of children using the latrine. An observation study form is attached in Annex VIII. In a socio-cultural evaluation of primary schools included in the PSSP it was found that only between 15 and 20 per cent of the school used the best latrines of the old design, the majority preferring to defecate elsewhere in the school grounds (Ref. 6).
- 6.18 At Khubetsoana Primary School almost 90 per cent of children used the latrine between 7.45 a.m. and 2.30 p.m. The sex distribution and estimated age distribution approximate the normal school distribution. This study is suggestive that the USIT sanitation user education campaign in schools can be expected to have a considerable impact, though clearly the children should be followed up at a later date to examine other hygienic practices.
- 6.19 It is recommended that the follow up study be composed of 4 elements:
- an observational study of hygienic practices;
 - a test of user knowledge of personal hygiene; (a first draft was prepared in the consultancy);
 - questions to teachers about the system of latrine care and maintenance that has been established;
 - inspection of the latrines.



Care and Maintenance of Public Latrines

6.20 When the public latrines in Khubetsoana serving the public and outpatients are complete, USIT should bear the responsibility for establishing a system of care and maintenance of these facilities.

It is recommended that institutional responsibility be allocated. One possibility is for the clinic support staff to assume responsibility for cleaning and maintaining the public latrines. The latrines should be a focus for health educational posters and stickers.



VII A REVIEW OF SANITATION PROMOTION IN THAMAE'S

Background

- 7.1 Thamae's is a peri-urban suburb in Maseru which has been designated a "selected development area" under the World Bank-assisted Urban Project. The purpose of the project is to upgrade services, densify plots, and improve homes, including sanitation. The area is presently divided into approximately 1,300 plots and houses a population of about 8,500.
- 7.2 The suburb comprises an extremely mixed population. A central problem for the implementation of the project, which caters essentially for plot owner-occupiers, is that 75 per cent of dwelling units are estimated to be rental units, owned by landlords (many of whom are absentee landlords), and occupied by tenants, neither of whom qualify for home-improvement loans.
- 7.3 From limited 1980 data it is estimated that 44 per cent of households have access to a pit latrine, 27 per cent to bucket latrines, and 27 per cent no sanitation whatsoever.

Demonstration Sanitation Technologies

- 7.4 The first stage in sanitation extension has involved the relocation of latrines obstructing road widening. In many cases the opportunity is taken to compensate affected householders by offering a VIP or VIDP in place of demolished latrines.
- 7.5 In order to gain an impression of the acceptability of ventilated pit latrines in Thamae's, 14 of the first households to receive VIPs or VIDPs were interviewed to ask their opinion of the new technology. The questionnaire is appended in Annex IX.
- 7.6 The response affirmed the acceptability of both VIPs and VIDPs. The only complaints recorded were comments on the size of the VIP, and, in one case, the depth of pit in comparison with a demolished latrine. Recipients of demonstration latrines mentioned that the latrines had become a focus of interest and attention.

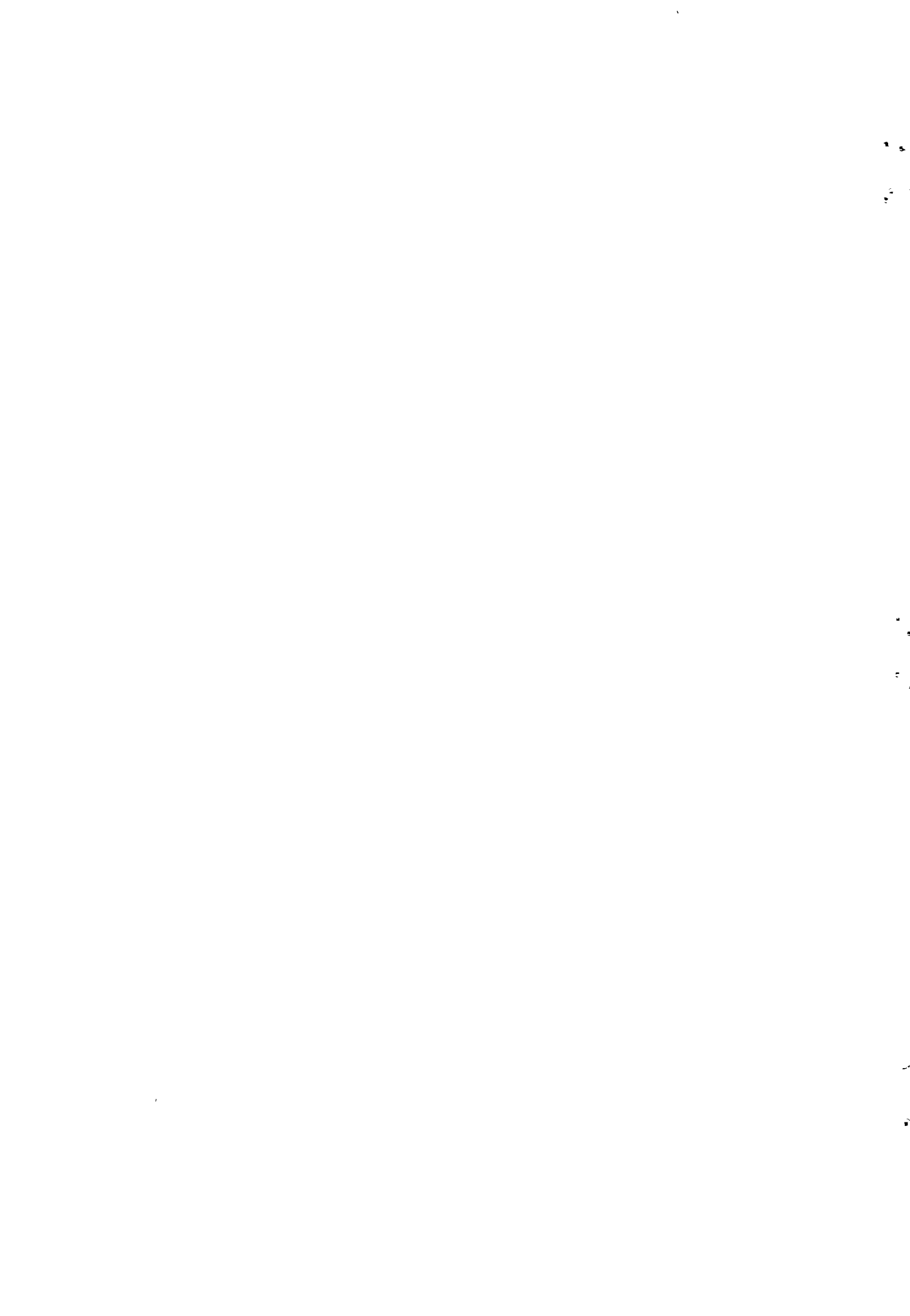


Sanitation Promotion in Thamae's

- 7.7 At the same time as the demonstration units are being built, USIT is undertaking a sanitation promotion campaign among plot owners. A small base-line survey of attitudes to health, hygiene and sanitation was first undertaken. Promotional materials have been developed from the results of the survey which concentrate on elementary health education and the benefits of improved sanitation.
- 7.8 The promotion campaign, begun towards the end of January 1982, has consisted of the following:
- 4 15-30 minute radio interviews;
 - 10 Newspaper articles;
 - 8 Neighbourhood meetings of plot owners throughout Thamae's (average attendance about 80).

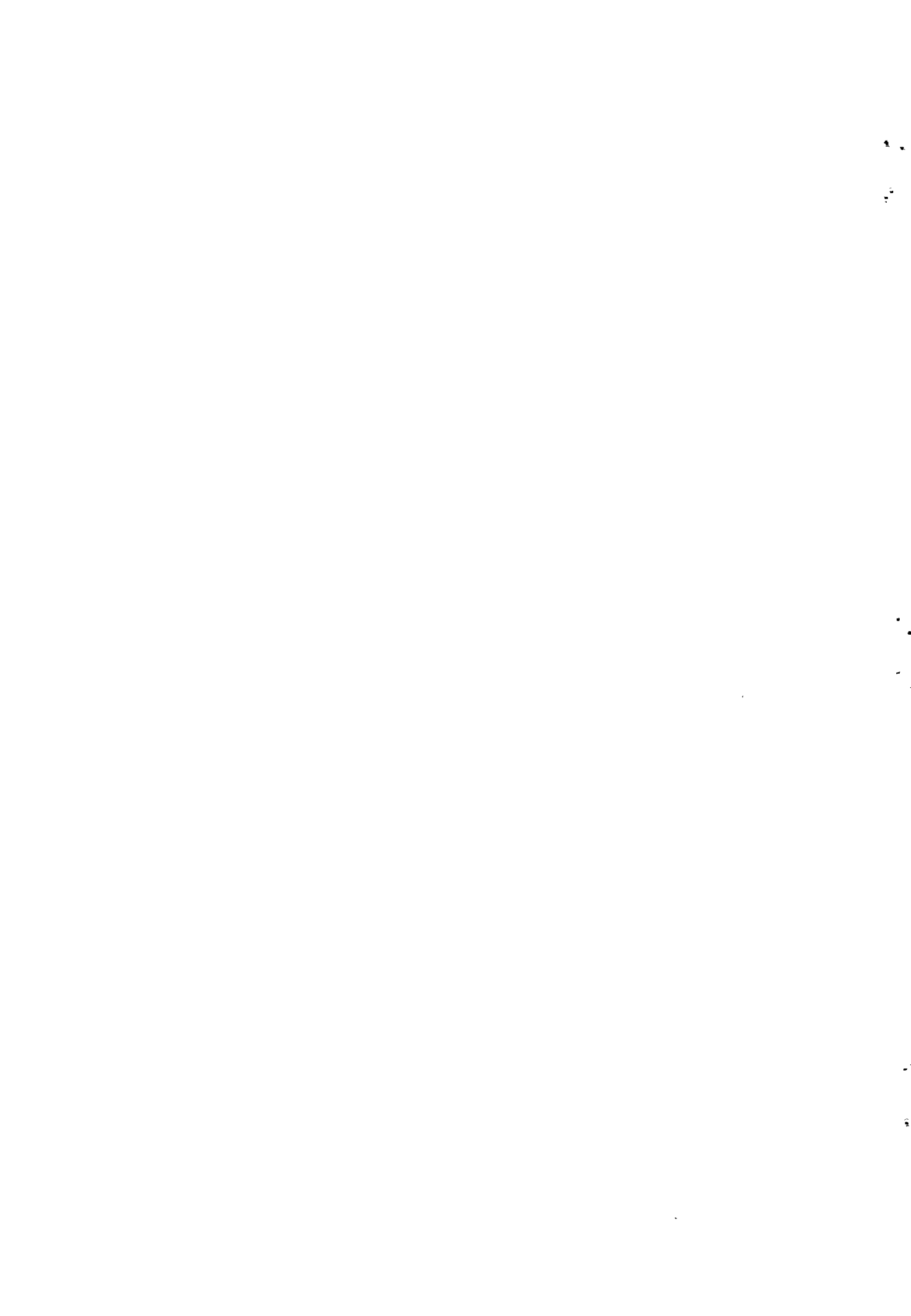
It was planned that posters and pamphlets would also be used in the campaign, but their production has been delayed.

- 7.9 By the end of March 1982 60 applications for home improvement loans had been received by LEHCo-oP. Approximately two-thirds of these applications include provision of a VIP or VIDP. In order to examine the effectiveness of different promotional techniques, 24 applicants who had applied for a loan for sanitation were interviewed. The questionnaire is attached in Annex X.
- 7.10 The neighbourhood meetings were clearly the most effective promotional technique. The radio interviews also contributed to the demand and newspapers least of all. LEHCo-oP were themselves responsible for persuading 20 per cent of home improvement applicants that they needed a latrine as part of a building extension. Nearly all early applicants applied for a VIDP.



Extending the Campaign: Tenants and Absentee Landlords

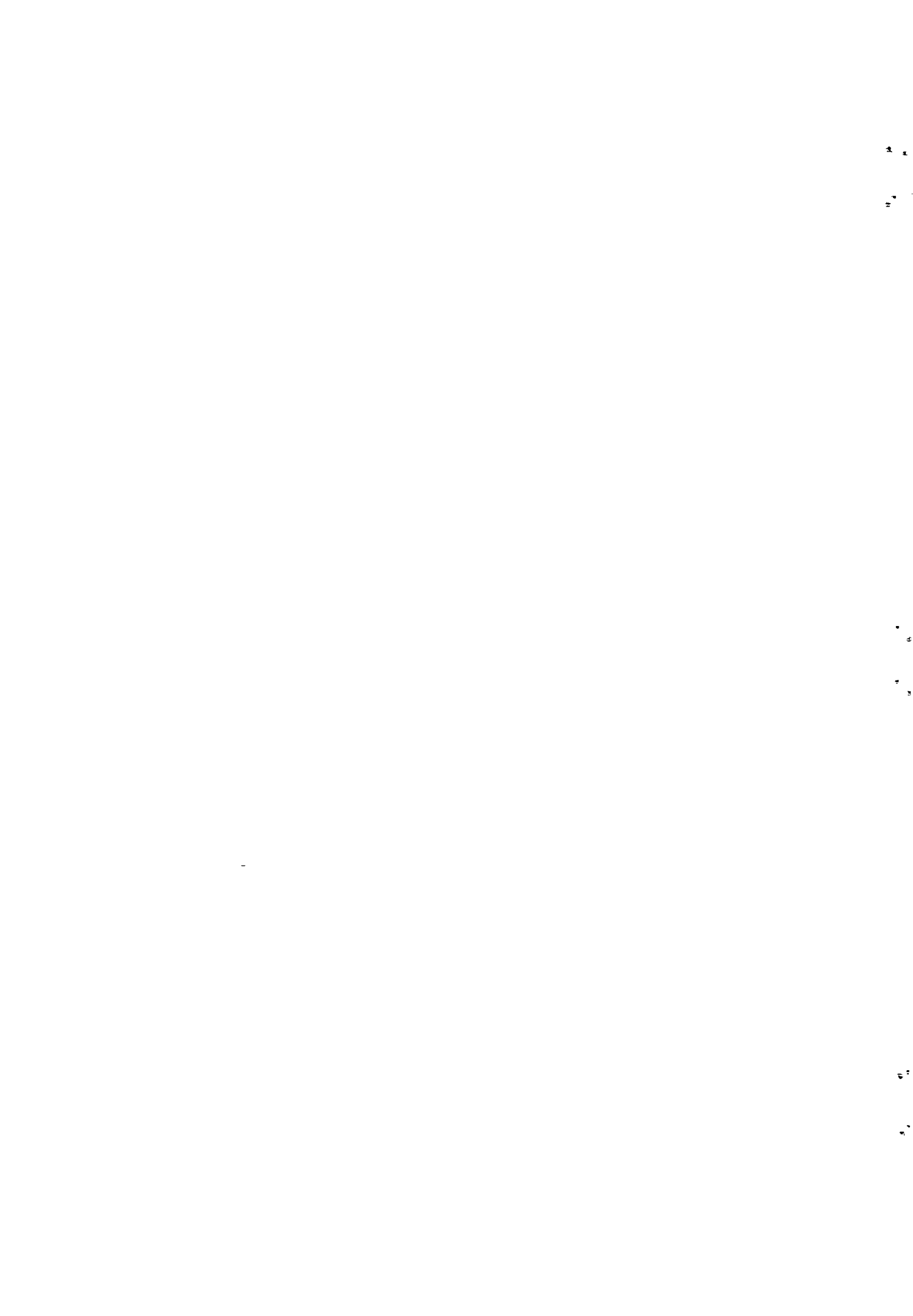
- 7.11 The initial focus for the campaign is owner-occupiers. It has been estimated that only a minority of residents are owner-occupiers who are eligible for assistance under the project, perhaps as low a number as 250 plot owners. An improvement in the environmental health of the whole suburb depends critically upon whether improved sanitation can be extended to the tenants in 75% of dwelling units, and to the absentee landlords who own almost half the plots in the area.
- 7.12 Current strategy in Thamae's is to extend the promotion campaign to absentee landlords, to lobby them to improve conditions for their tenants. Possible legislative amendments are being investigated to pressure irresponsible landlords. Investigation is also under way into the possibilities for loan finance for landlords who are willing to improve their properties' facilities but cannot raise the capital and are not eligible for LEHCo-oP home improvement loans.
- 7.13 In parallel with this approach, it is recommended that, where landlords are not forthcoming, the campaign be carried, on a pilot basis, to tenant blocks to motivate them to form tenant co-operatives to develop their own facilities.
- 7.14 It is anticipated that, in general, tenants will be unwilling to provide for their own sanitation, expecting this service from landlords. Yet, in large, relatively stable tenant blocks, the stalemate may be broken without upsetting relations between tenants and landlords if USIT community workers assume the role of negotiator between tenant and landlord. USIT community workers should attempt to gain a commitment from landlords for a (temporary) rent reduction while tenants construct latrines by self-help labour under the supervision of USIT. Managed properly, each party stands to gain from the undertaking: the tenant better facilities, and the landlord enhances his investment.



7.15 The advice of the Ministry of Co-operatives and Rural Development should be sought regarding the establishment of tenant co-operatives in organizing construction, maintenance and cleaning of shared facilities.

7.16 As in the cases of Katlehong and Khubetsoana it is recommended that USIT undertake the following functions in Thamae's:

- 3 monthly monitoring meetings with community representatives and other extension workers;
- yearly rapid appraisals;
- develop a community data base to assist further extension of the promotion campaign.

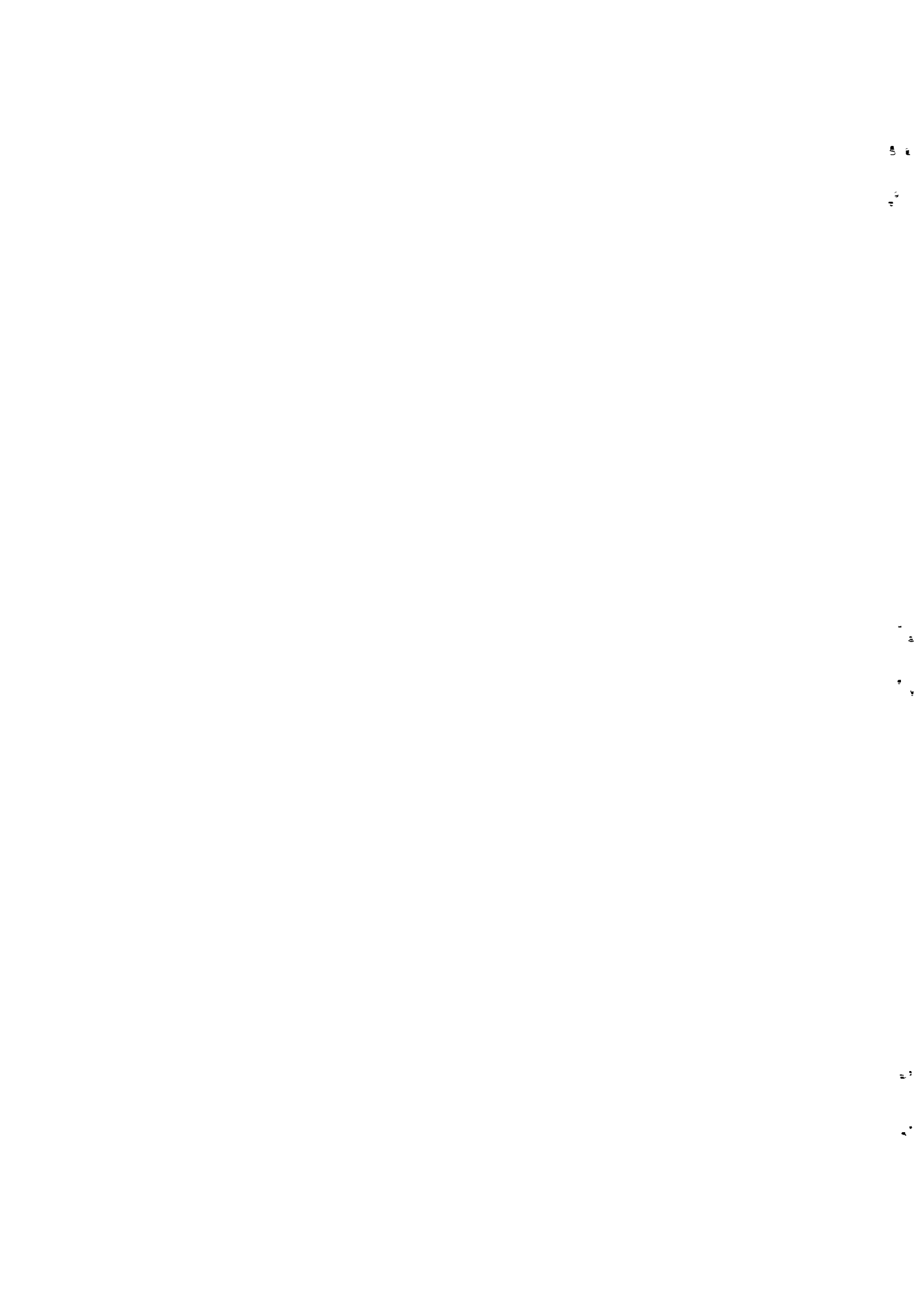


VIII THE URBAN SANITATION IMPLEMENTATION TEAM (USIT)

- 8.1 The purpose of this section is to review the operations of USIT, laying particular emphasis on the sociological aspects of the team's work.
- 8.2 The USIT is a unique and ambitious undertaking. It is a pilot, in many respects, of the institutional structure, proposed by the World Bank for sanitation development over the course of the UN International Drinking Water and Sanitation Decade 1981 - 1990. Principal features include that the team is drawn from a range of disciplines, and that considerable weight is placed upon social and cultural aspects of sanitation development.
- 8.3 Both these characteristics make for USIT's central strengths and weaknesses. Successful low-cost sanitation promotion clearly requires interdisciplinary skills, yet the attempt to gain an all-round perspective risks a lack of rigour in particular aspects, and demands that resources are thinly spread over a wide range of issues. Moreover, however important the study and surveillance of socio-cultural issues might be, they are, by their nature, ancillary activities and, as such, do not have a highly visible outcome. Established in a project in which success is largely measured by monies spent and hardware implemented, USIT may appear less productive than it undoubtedly has been.
- 8.4 The team, apart from support staff, currently consists of:

1 Urban Sanitation Co-ordinator
2 Senior Community Development Officers
1 Senior Technical Officer
2 Technical Officers

The following review of USIT activities is confined to the functions of the Senior Community Development Officers and, to some extent, the Urban Sanitation Co-ordinator.



USIT Functions

8.5 Responsibilities currently undertaken by USIT include the following:

- Sanitation promotion;
- Developing health educational materials;
- Teaching;
- Community liaison;
- Evaluation and research;
- Monitoring pilot activities;
- Co-ordination.

8.6 These responsibilities are roughly divided as follows:

- | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Urban Sanitation Co-ordinator
(Background: Public Health
Engineering, Management): | - Supervision of all
functions.

- Co-ordination. |
| Senior Community Development Officer
(Background: Education, Sociology,
Social Administration, Teaching): | - Evaluation + research;

- Monitoring;

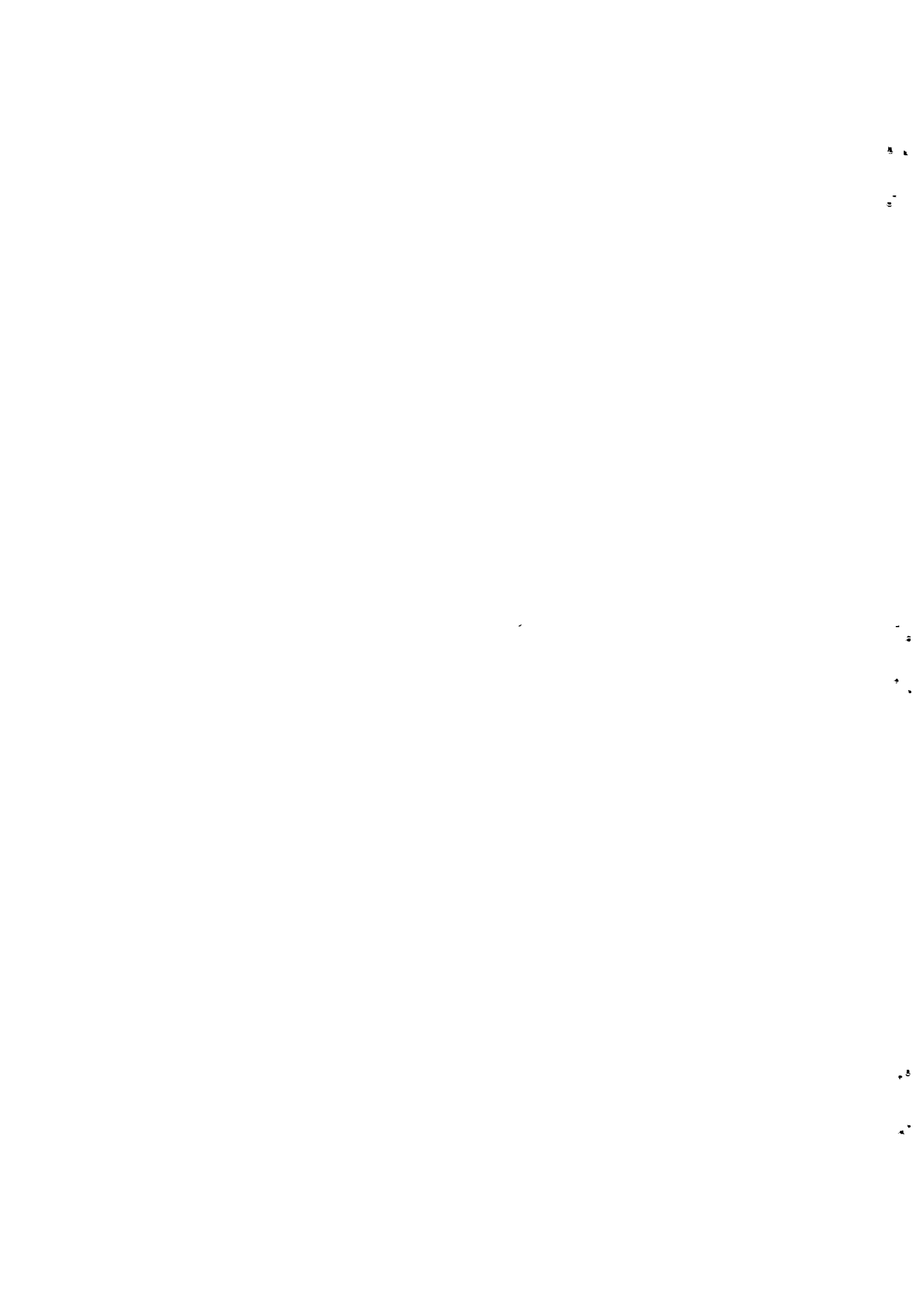
- Teaching;

- Community Liaison. |
| Senior Community Development Officer
(Background: Education, Sociology,
Nursing): | - Sanitation Promotion;

- Developing Educational
Materials;

- Community Liaison. |

8.7 The unit is resourceful and energetic, but in this early phase of sanitation development may well be faced with too broad an array of responsibilities. The intention of the recommendations presented in the following paragraphs is to streamline operations and narrow the focus of the unit.

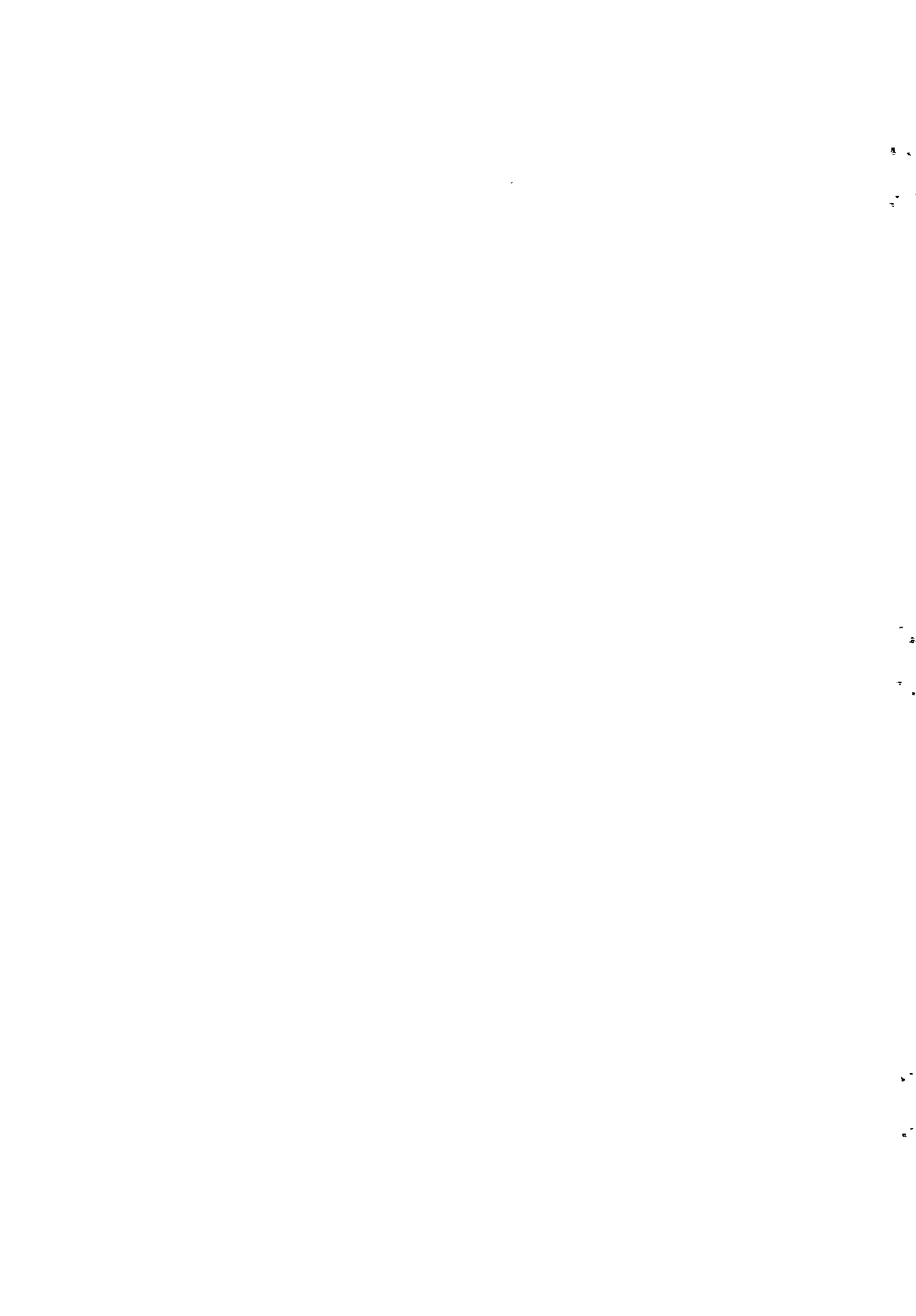


Sanitation Promotion

- 8.8 Sanitation promotion, by means of radio interviews, newspaper articles and neighbourhood meetings, has, so far, been principally directed at Thamae's. The campaign is discussed in more detail in section VII.
- 8.9 It is recommended that USIT retain and expand this function as recommended in section VII, directing attention to specific target groups and increasing the range of promotional techniques.

Developing Health Educational Materials

- 8.10 USIT has undertaken to develop the following educational materials for sanitation promotion in Thamae's and elsewhere:
- School Posters;
 - School Pamphlets;
 - Community Posters;
 - Community Pamphlets;
 - VIDP User Manual;
 - User education teaching materials.
- 8.11 Work has progressed slowly on these materials, and they have not been available for use in sanitation promotion in Thamae's. Other materials that might be developed include stickers for effecting particular behavioural changes, such as closing seats; slide and cassette teaching sets; and promotional material for self-help tenant groups and other specific target groups.
- 8.12 Health Educational materials are being developed in USIT in isolation from the HEU in the MOH. The HEU is itself understaffed and behind in its commitments to developing educational materials for the sector (see section IV). Closer collaboration with HEU in developing health education materials will not speed up production, but the cross fertilization of ideas may be useful.



8.13 To streamline operations it is recommended that USIT consider either contracting out some of the development of materials, or consider hiring a short term consultant to undertake the development and production of materials. If the latter course were followed, and there are few suitable contractors apart from the Lesotho Distance Teaching Centre (LDTC), USIT might collaborate with HEU, with the support of the proposed Interim Advisory Committee to the CORW programme, to draw up terms of reference for a short term consultancy to develop the outstanding educational materials required by both units.

Teaching

8.14 USIT has undertaken the following teaching:

- Course for CORWs;
- User education at Khubetsoana Primary School.

8.15 Both courses were partially evaluated in the course of the consultancy and both found to have had an impressive impact on participants. Teaching is also well within the capability of the community officers in the team. The teaching materials now developed should be produced in a form accessible to others. Future teaching commitments include user education at 4 primary schools, one high school, and clinics at Thamae's and Khubetsoana.

8.16 It is recommended that USIT retain and develop its teaching component.

Community Liaison

8.17 Effective low-cost sanitation development is dependent upon community participation in planning sanitation technology and extension strategy, and continued contact with the community, particularly over the early years, to ensure user satisfaction and hygienic usage. Urban sanitation development in Lesotho has generally not attempted to involve

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the community in sanitation planning. USIT has considerable potential to redress this shortcoming in future urban development projects.

- 8.18 Community liaison, as presently conceived in USIT, has involved investigating local sanitation preferences, and more recently, negotiating with residents of Thamae's in the course of road widening and building demonstration latrines.
- 8.19 The need for community liaison is likely to expand. The upgrading programme at Thamae's is now getting underway and the community development staff will have responsibilities both for problem solving and extending specific campaigns to tenants and owners. The self-help component at Motimposo Primary School will also need community liaison in discussing and setting up a system of management suitable to the school and community. USIT will also have to liaise with the new communities at Katlehong and Khubetsoana regarding sanitation problems and developments, particularly at the start of the first cycle of pit emptying.
- 8.20 It is recommended that USIT retain and expand its community liaison functions with a view to gaining experience and developing procedures to enable greater community participation and smoother community liaison in the planning of the next phase of urban development.

Evaluation and Research

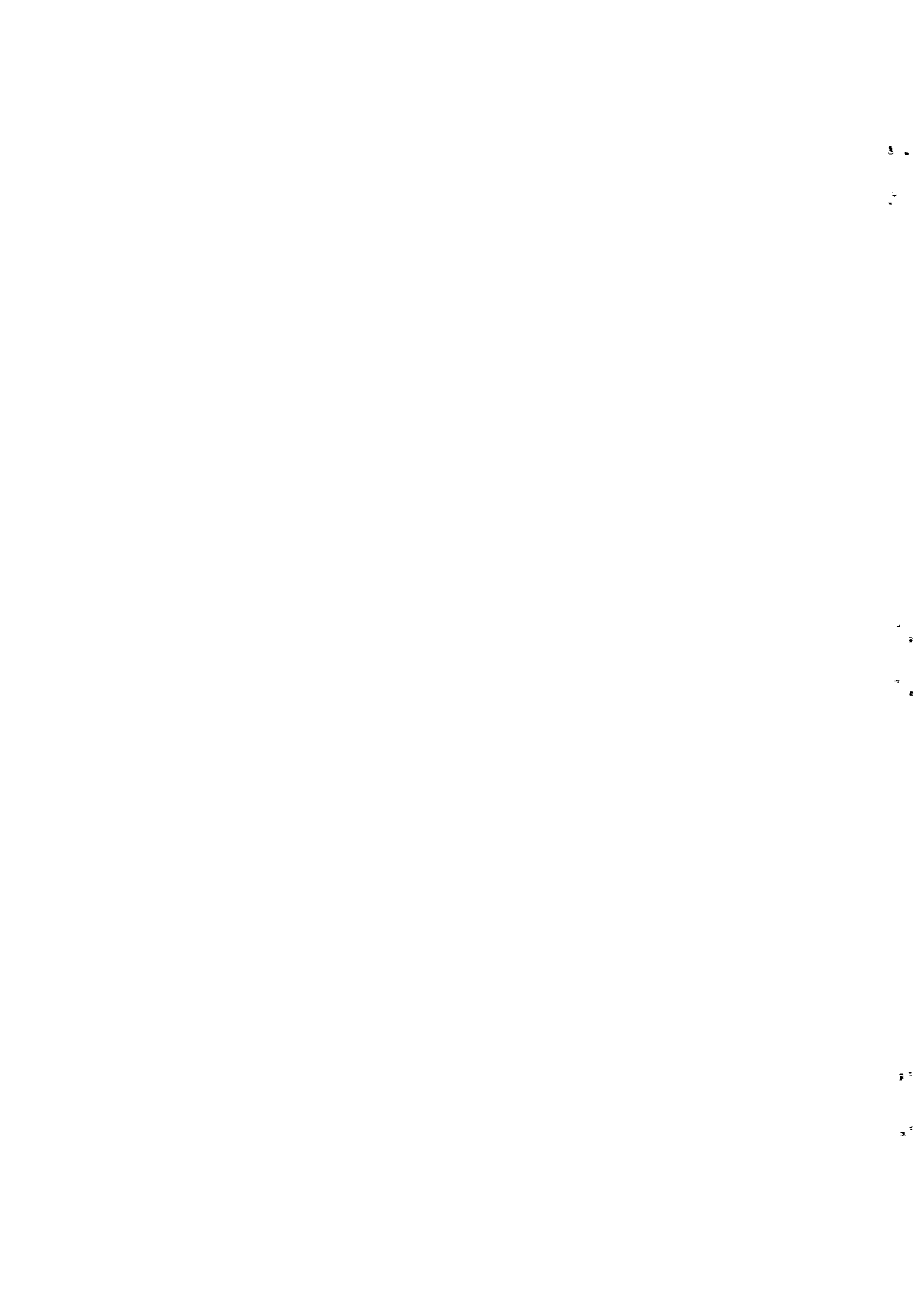
- 8.21 USIT has undertaken the following evaluation and research
- Visual Inspection of Latrines in Katlehong June 81
 - Socio-cultural Problem Probing in Katlehong February 82
 - Baseline Study for User Education, Khubetsoana
Khubetsoana Primary School February 82
 - Baseline Study for Sanitation Promotion Campaign
at Thamae's January 82



- 8.22 Some of these studies contain useful information, others are deficient in their study design and are of less value though they have been of value as a training exercise. None have been written up, and the analysis thus far is poorly developed.
- 8.23 It is recommended that with present manpower limitations, studies undertaken in the future be of more limited scope and be designed to assist monitoring rather than attempt to evaluate progress. USIT should consider contracting out the evaluation function, should a suitable agency be identified.
- 8.24 A supplementary source of research on urban sanitation has been final year sociology students from the National University of Lesotho, 3 of whom over the past 2 years have been supported and undertaken research on topics suggested by USIT. In all but one of these cases the results have been disappointing and although the idea of hiring students is attractive from a training perspective, the burden of supervision has fallen to USIT.
- 8.25 It is recommended that future student research projects only be supported if the sociology department agrees to take on the burden of supervision. A list of suggestions for future topics has been prepared and given to the Urban Sanitation Co-ordinator.

Monitoring

- 8.26 Despite the considerable activity in urban development in recent years in Lesotho few activities are regularly monitored. The monitoring component of the World Bank Urban Project is limited largely to financial reporting, and the LEHCo-op Evaluation Unit has no staff and has not undertaken regular monitoring of completed projects. The CORW programme (see section IV) is an example of a project where the failure to monitor has facilitated delays and maladministration. The importance of monitoring is to pre-empt problems and to learn from past experience so as to be in a better position to plan for the future. Monitoring may also serve the further function of increasing co-ordination between the extension agencies.



8.27 It is recommended that USIT expand its monitoring activities. USIT is in a good position to contribute both to sanitation development, and urban development in general, by implementing a system of monitoring sanitation and community development in Katlehong, Khubetsoana, and Thamae's.

8.28 The monitoring system proposed has the following components:

- Meetings;
- Site and Community Visits;
- Rapid Appraisals.

Meetings

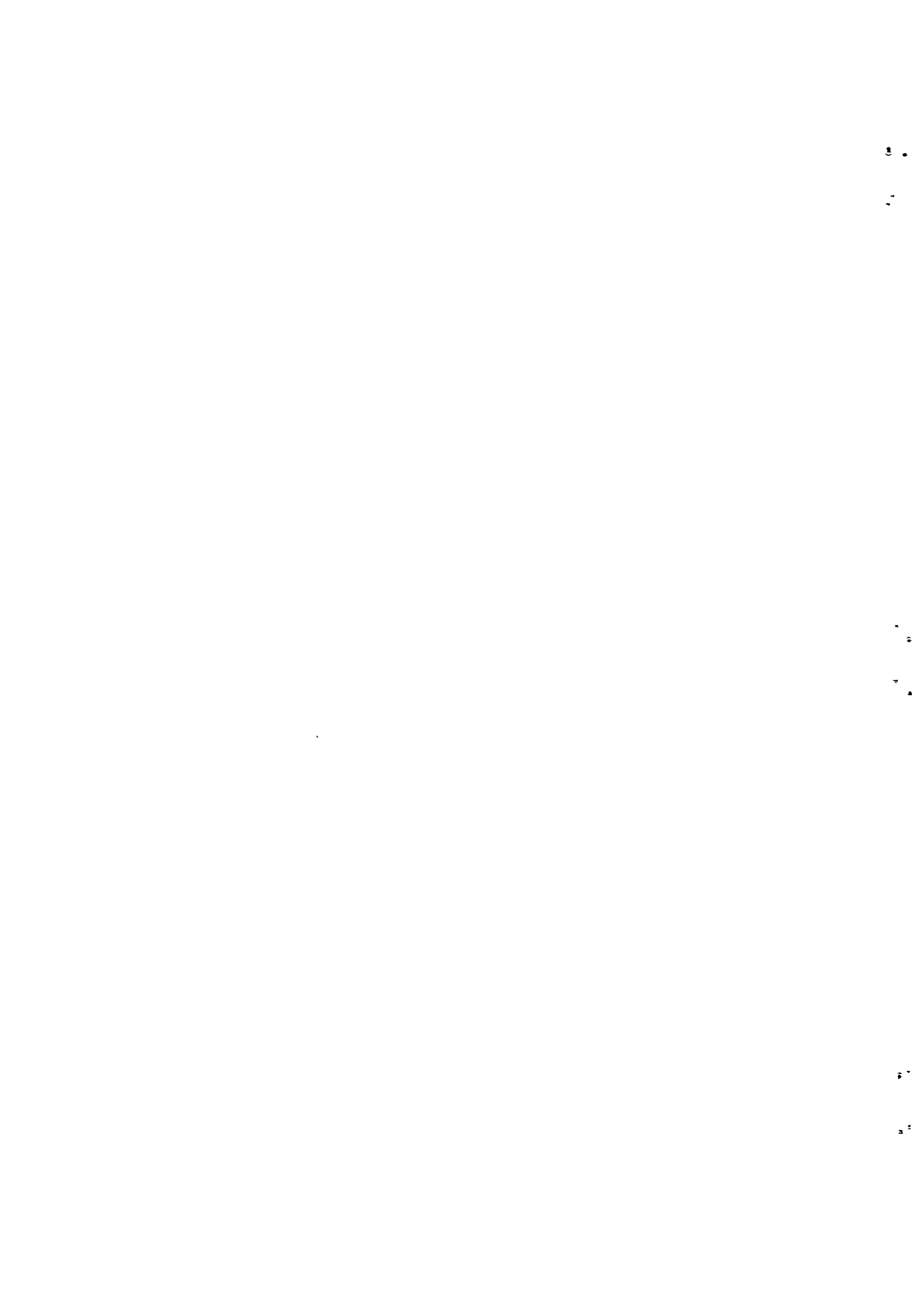
8.29 3-monthly meetings should be held between community representatives, sanitation, health, housing and lands extension workers in each community. Following each meeting the USIT community worker will complete a monitoring data sheet recording the minutes of the meeting and any additional information acquired at the meeting.

Site and Community Visits

8.30 Whenever site and community liaison are undertaken, observations and information on sanitation and community development should be recorded in the monitoring file for each housing development. Suitably-placed key informants should be identified in each housing estate, and important points recorded from these conversations.

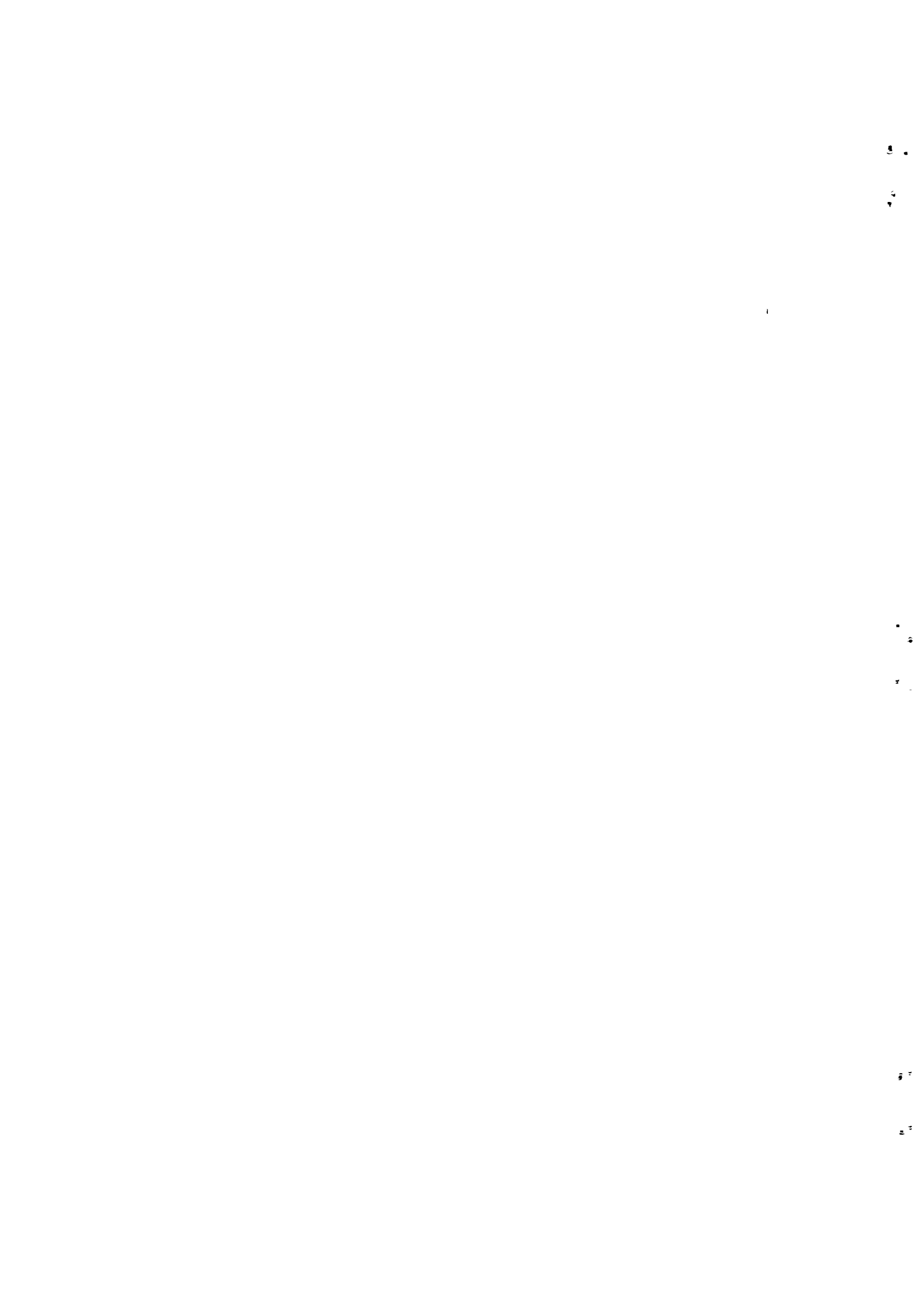
Rapid Appraisals

8.31 In lieu of the evaluations presently undertaken by USIT, yearly rapid appraisals should be undertaken in each of the project sites to monitor developments. A draft appraisal format is appended in Annex VII. The appraisal consists of an inspection, an observational study of behavioural practices, and a questionnaire. The number of residents appraised will be limited, but the combination of observational and questionnaire techniques should provide information of adequate quality. Results should be written up and filed with the monitoring data.



8.32 Modest rapid appraisals should also be undertaken in the early stages of promotional campaigns to monitor their impact, though these need only be repeated in exceptional circumstances.

8.33 A Bar chart of proposed USIT community worker activities is appended in Annex XI.



IX PRINCIPAL CONCLUSIONS AND RECOMMENDATIONS

Technology

- 9.1 Evidence from Katlehong and Thamae's indicates that although VIPs and VIDPs are not beneficiaries' first choice, they are a culturally acceptable low-cost option. Despite their greater cost VIDPs are invariably the preferred technical option, for reasons of their permanence, ventilation and size, amongst those eligible for loan finance. The problems remaining in Katlehong are technical rather than educational, and do not concern cultural acceptability. Principal problems are groundwater in the pits; potential pit-emptying problems; possible ventilation problems; and blocked soakaways. Pilot tests are recommended to examine user response and technical soundness of spring-shut doors and seats that cannot remain open.

Principal Foci for User Education

- 9.2 The chief foci for user education are: shutting seats; closing doors; latrine usage by children and adults at all times; and anal cleansing with paper.

Principal Foci for Hygiene Education

- 9.3 The principal foci for hygiene education are: washing hands after defecation; throwing sullage in soakaways; disposing of rubbish; the disposal of children's faeces; hygiene in and around shebeens; and cleaning streets and drains.

Community Outreach Worker Programme

- 9.4 The CORW programme is considerably behind schedule and losing direction. An Interim Advisory Committee should be established to support the management and further implementation of the CORW programme. Other recommendations include properly focusing selection criteria and the teaching schedule towards part-time workers. The production of health education materials is now considerably behind hand and the Interim Committee should consider the possibility of engaging a contractor to produce these materials. USIT might

collaborate in this to draw up a joint contract for the production of their own materials, for which production has been delayed.

The Urban Sanitation Implementation Team (USIT)

- 9.5 USIT's ambitious terms of reference considerably overextend the team's resources. The attempt to develop an interdisciplinary perspective has led to a lack of rigour in certain aspects. There is a need to narrow the team's immediate focus and, where possible, delegate certain functions.
- 9.6 Urban sanitation planning in Lesotho has not followed the preferred pattern whereby the choice of technology has been preceded by a survey of basic needs and attitudes and community involvement in decision-making. Yet subsequent information has been included into project design, and sufficient is now known, about the acceptability of the technologies being proposed, to undertake more general promotion. For USIT this entails a shift in emphasis from attitudinal or needs studies to promotional and community liaison work on the one hand, and to developing a system of monitoring on the other.

Sanitation Promotion

- 9.7 The sanitation promotion campaign should be expanded to the capacity of USIT. Neighbourhood meetings were found to be the most successful form of extension in Thamae's. A greater range of promotional techniques, such as the use of drama at neighbourhood meetings and house-to-house counselling might be attempted.
- 9.8 In Thamae's the promotional campaign, presently directed to the relatively small number of owner occupiers, should, in later phases, be targetted at two other groups: absentee landlords, and tenants. Strategies for the former might include written and personal counselling; exploring possible legislative amendments to enforce the provision of adequate amenities for rented accommodation; and obtaining loan finance for landlords not eligible for loans to improve sanitation in their properties.

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- 9.9 USIT strategies for tenants should include acting as an intermediary between tenants and owners with regard to sanitation, and establishing pilot tenant co-operatives in larger, long-term tenancies. The intention of the co-operatives with respect to sanitation implementation would be for self-help construction of improved sanitation under USIT supervision.

The Development of Health Educational Materials

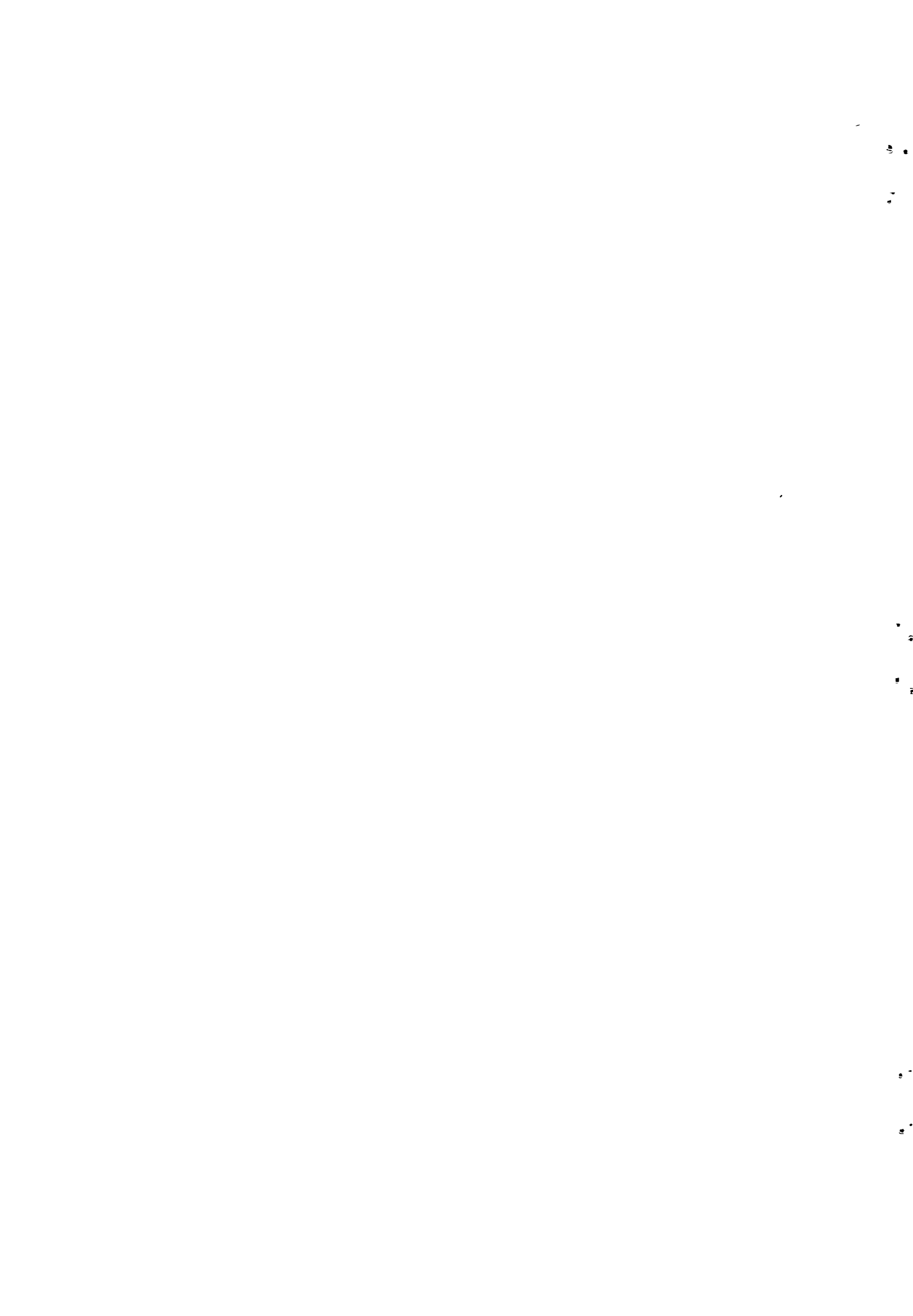
- 9.10 The development of USIT health educational materials has progressed slowly and without collaboration with the HEU, MOH. The materials are in urgent need to support promotional work, and USIT should consider contracting out the production of the required materials.

Teaching

- 9.11 Training courses in user education and health education have been well developed and executed, and a modest teaching component should remain part of USIT's responsibility. Teaching materials should be produced in a more accessible form.

Community Liaison

- 9.12 The community liaison function within USIT is presently conceived to be negotiating with Thamae's residents in the course of road-widening and building demonstration latrines. The need for community liaison in this limited sense will increase as the upgrading programme in Thamae's gets underway, and when the first cycle of pit-emptying in Katlehong and Khubetsoana is undertaken.
- 9.13 USIT is well-placed to develop a more participatory approach to urban development planning for the next phase of the World Bank Urban Project. Prior to this USIT should acquire the skills of planning with the community by working both with tenant groups in Thamae's, and in developing sanitation facilities at Motimposo Primary School, one of the schools being upgraded within the current World Bank Project, with a degree of school and community involvement.



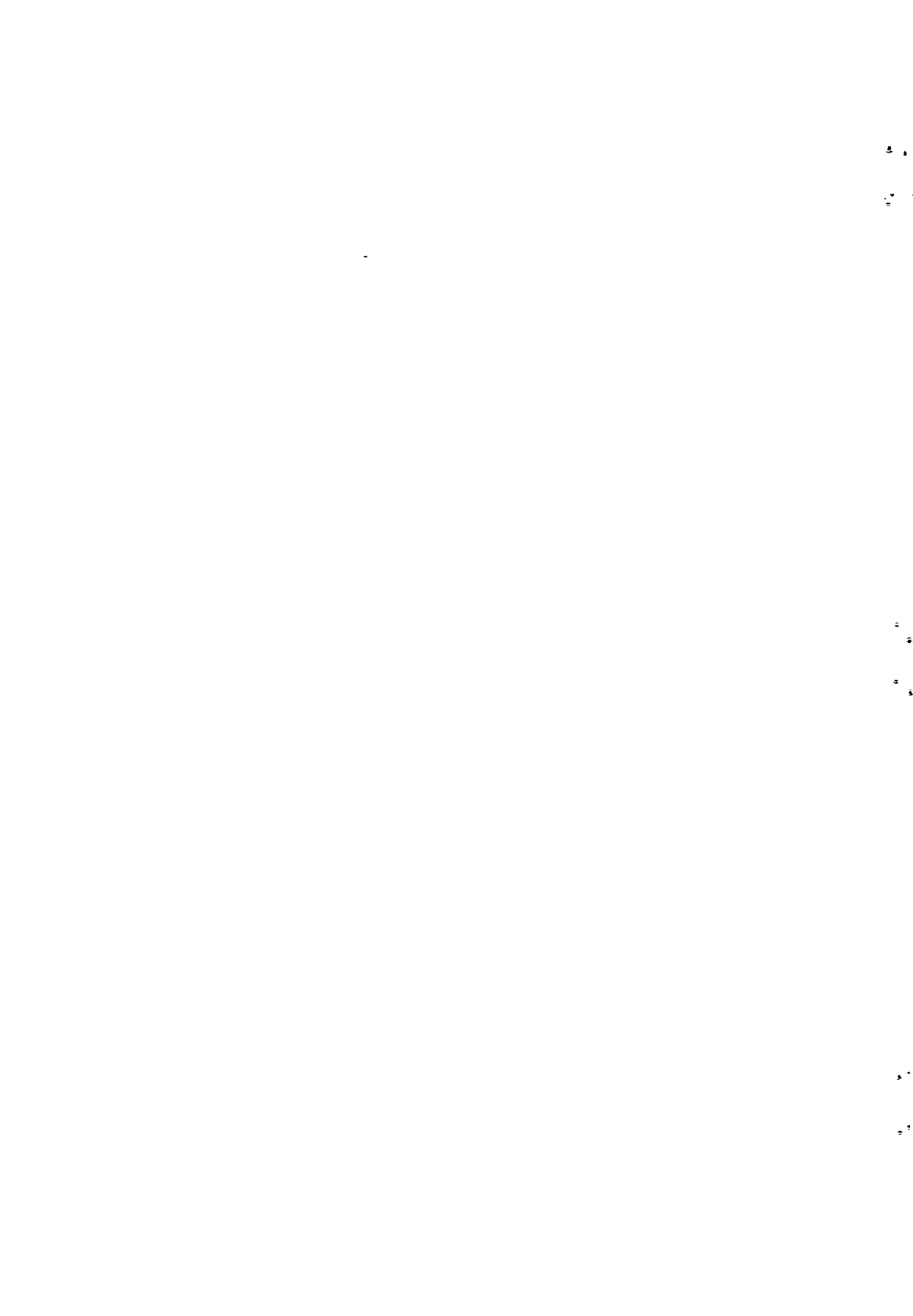
Evaluation and Research

9.14 Evaluation and research studies undertaken by USIT have in general been of limited value. USIT should consider reducing the scope of further studies and incorporating them into the monitoring programme, while contracting out evaluations of aspects of their work. The use of sociology students as a supplementary source of research has advantages but should only be encouraged if supervision is principally provided by the University.

Monitoring

9.15 No community monitoring of urban development has yet been established. USIT is well-placed to undertake monitoring activities of urban sanitation, and to a limited extent of sociological aspects of urban development in general. The monitoring system proposed has the following components:

- 3 monthly community meetings in each urban development area;
- Yearly rapid appraisals of a limited sample of households on each urban development which would include an inspection of facilities, questions to householders, and observation of related behaviours;
- A community data base be developed on the social development of each urban project site from information derived from community meetings, rapid appraisals, research projects and ad hoc site and community visits.



TERMS OF REFERENCE - SHORT TERM CONSULTANCYON SOCIAL AND ANTHROPOLOGICALASPECTS OF URBAN SANITATION1. Background and Objectives

- 1.1 The Government of Lesotho has obtained a credit from the World Bank for implementing an Urban Development Project. The Ministry of Interior is the implementing agency and has established a Project Co-ordination Unit (PCU) for this purpose. Within the PCU the Urban Sanitation Co-ordinator is responsible for developing, managing and monitoring the sanitation component of the project which will provide appropriate, affordable and acceptable low cost sanitation solutions for urban communities in Lesotho.
- 1.2 The urban communities of Lesotho are very varied in character containing dense and sparsely settled areas and considerable variations in income and housing quality. The quality of sanitation however, is almost universally low. Settlement patterns also range between semi-rural traditional huts to modern housing and large numbers of renting units, all within one 'suburb'. It is expected that information and experience gained from the present sanitation programme will be applicable to other urban areas in Maseru and elsewhere.
- 1.3 It is proposed that a social anthropologist be engaged for a maximum period of six weeks in Maseru, Lesotho to investigate and report on the basic needs and attitudes of project beneficiaries concerning public health, water supply and sanitation and their willingness to pay for improvements; and to make recommendations on the conduct of the sanitation programme and associated communications and health education activities.

2. Terms of Reference

You will visit Lesotho for a period of 4 to 6 weeks during which you will carry out the following duties.

- 2.1 Review existing related experience in low-cost water supply, sanitation and associated communications and health education activities, with particular attention to the White City and Khubetsoana housing schemes. Particular attention should be paid to user experience with Ventilated Improved Pit (VIP) latrines and sullage soakaways, to include actual use and abuse of the facilities and the experience with and organization of cleaning and maintenance.

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- 2.2 Review any existing background data on the project populations and collect additional data as needed on such questions as: willingness and ability to pay; water use and sanitation practices and associated attitudes or beliefs which affect such practices; attitudes towards and practices of handling excreta and wastewater; preferences on sharing, location, design characteristics and so on which should be taken into account in design of facilities; health and hygiene conditions and habits, with attention to specific problem practices which may need to be discouraged or good hygiene habits that should be encouraged.
- 2.3 Review technology selection, detailed design of and plans for construction of latrines and plans for cost-recovery in light of the above information collected, to make sure that they are socially feasible.
- 2.4 Review existing plans and activities under way for communications support and health education, with particular attention to: specific objectives; people to be reached; information channels to be used; and pre-testing, monitoring and evaluation plans, to make sure that these activities will be socially and culturally appropriate, reach the right people and are closely tied into the construction program in terms of timing.
- 2.5 Design a system for monitoring and evaluation for the Project, and to the extent possible, initiate activities for its implementation (such as training of local staff, production of forms, pre-testing of procedures, etc.).
- 2.6 Check the monitoring and evaluation procedures being used in conjunction with the White City Project, to design and, if possible, implement any additional data collection interpretation and use activities that might be required, so that the White City experience maximizes its usefulness to the Urban Project.
- 2.7 Review ongoing studies being undertaken by University students or others in conjunction with the Urban Project, to ensure that these are useful for project implementation and do not interfere with such implementation.
- 2.8 Conduct all the above activities in conjunction with local staff who should be trained on the job to take over any remaining implementation once the consultant leaves.

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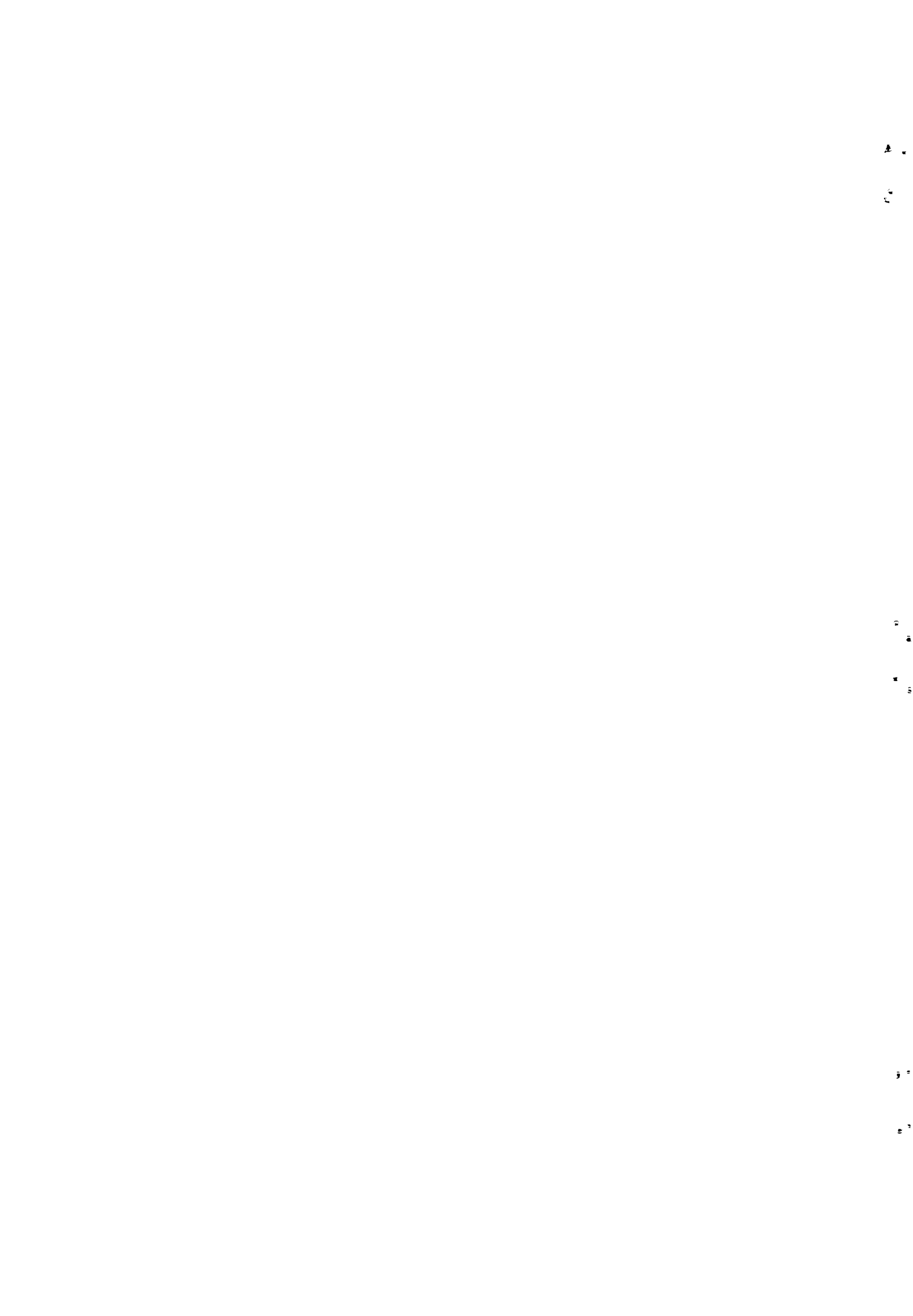
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Review of Socio Organ Aspects of Urban Sanitation

Programme: RICS CROSS: WORK SCHEDULE

Date: 24/3/82

No	Description	MARCH							APRIL																		
		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9		
	TRAVEL																										
	BREAFING																										
	REVIEW KITCHENING STUDIES																										
	LOW REVIEW																										
	KADGETORNE REVIEW																										
	TITANES REVIEW																										
	MONITORING MATH																										
	WRITE UP + PRESENTATION OF REPORT																										



PEOPLE METMinistry of Interior

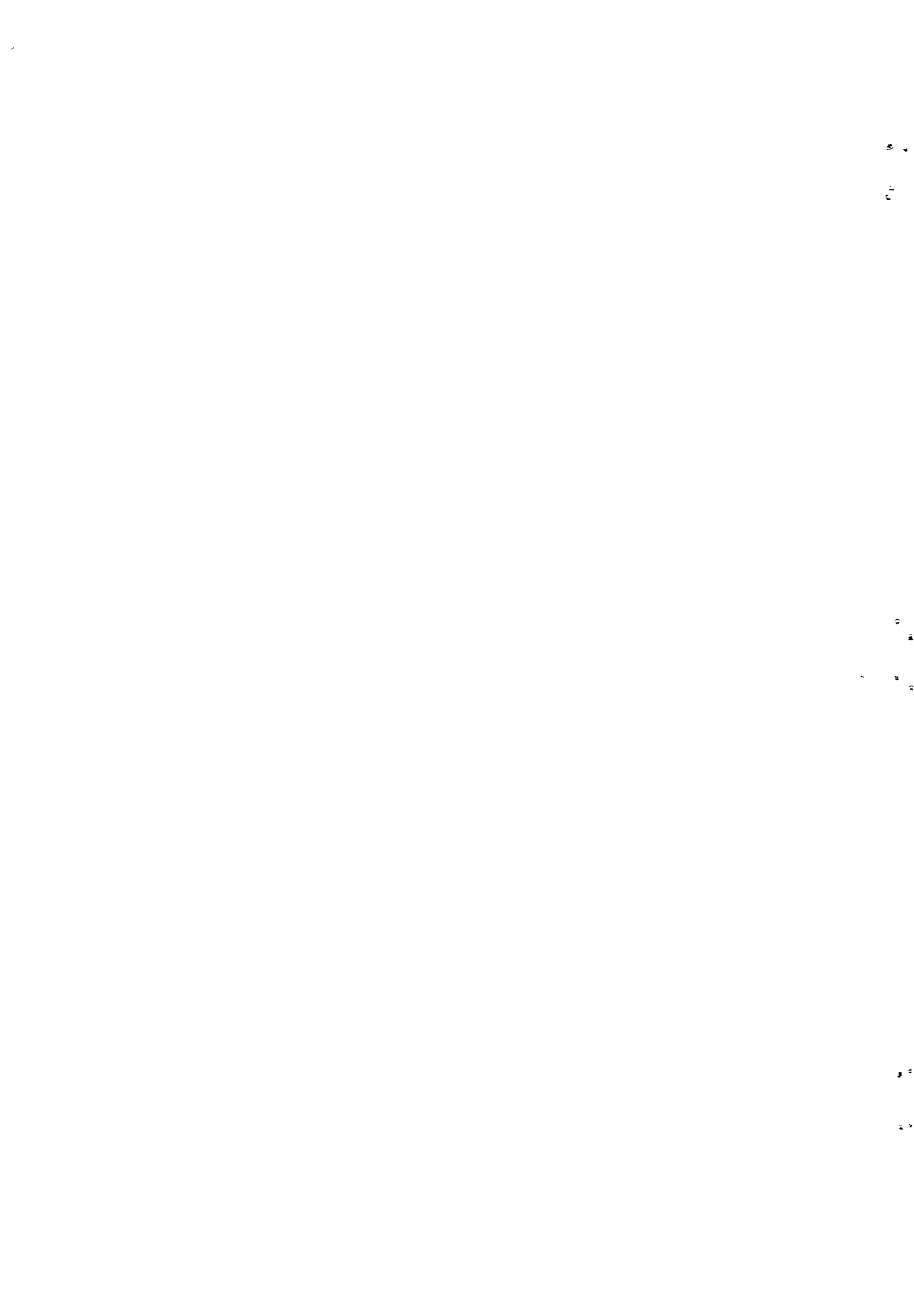
Mr. S. Phamotse	Permanent Secretary
Mr. C. Earle	Acting PCU Project Director
Mr. R. Beardmore	Acting Director of Housing
Mr. B. Jackson	Urban Sanitation Coordinator
Mr. T. Khaketla	Senior Community Development Officer, USIT.
Mrs. V. G. Dlangamandla	Senior Community Development Officer, USIT.

LEHCo-oP

Mr. G. Huculak	CIDA Project Manager
Miss M. Molapo	Manager, Community Section.

Ministry of Health (MOH)

Mr. M. Petlane	Chief Health Educator, HEU.
Mr. P. Howard	Health Educator, USAID Rural Water Supply Programme.
Mr. Mosoang	Health Educator, HEU.
Miss P. Moahloli	Public Health Nurse, Maseru District.



Community Outreach Workers (CORWs)

Mrs. M. Putsoa

Mrs. M. Mafoso

Mrs. M. Lelosa

Mrs. M. Ratsatsinyane

Katlehong Community Committee

Mr. M. Makhetha

Chairman

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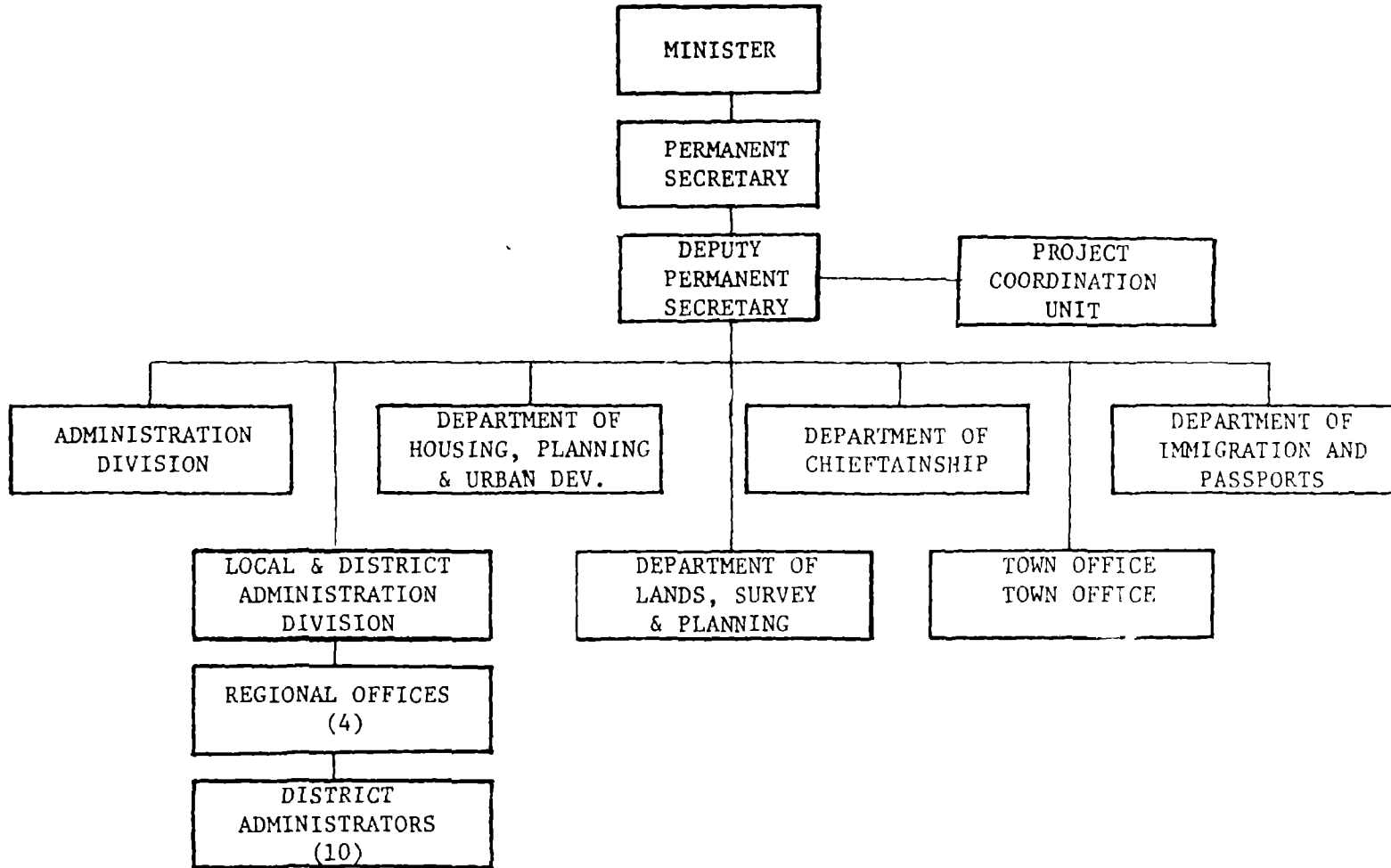
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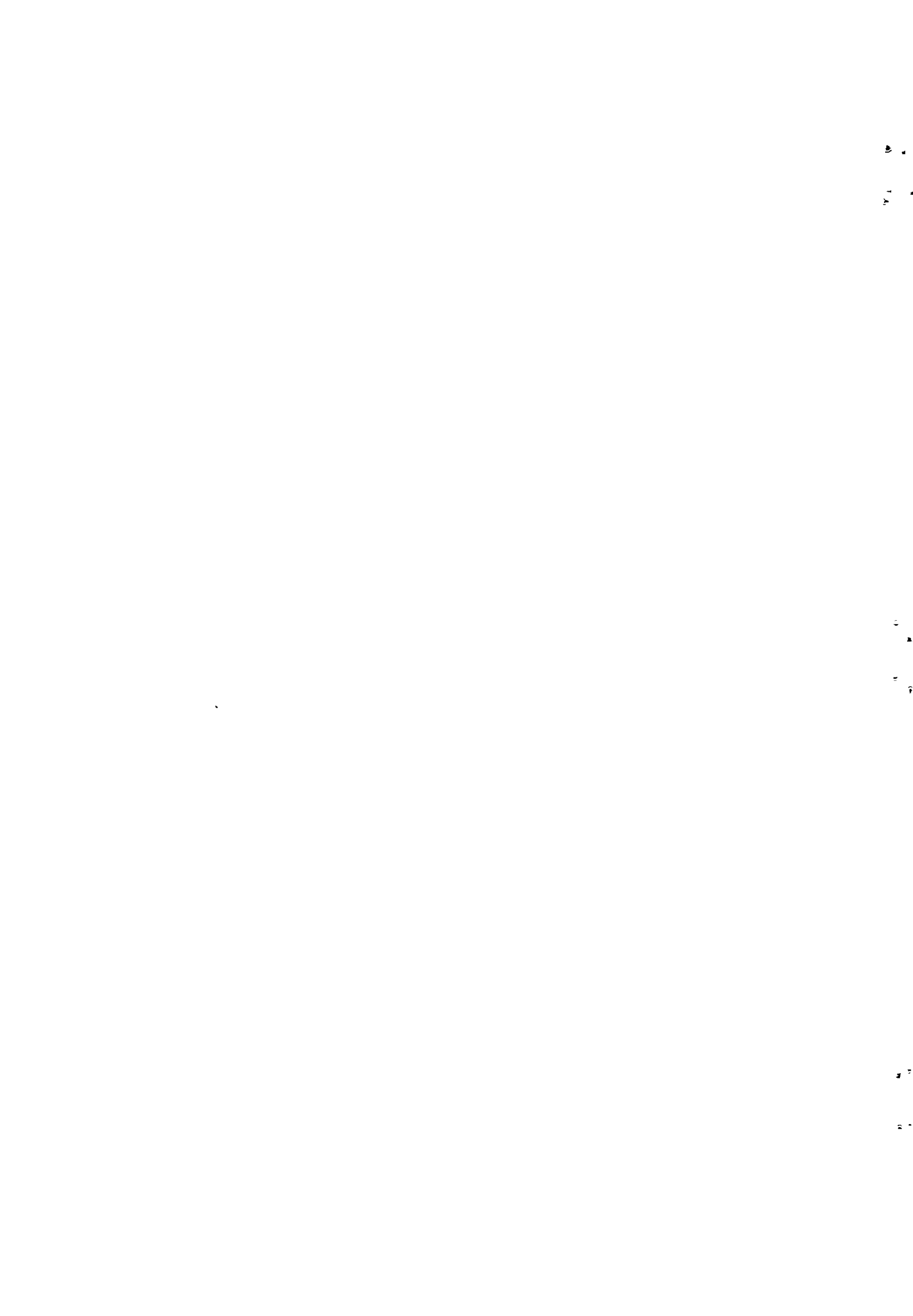
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MINISTRY OF THE INTERIOR: ORGANIZATION CHART

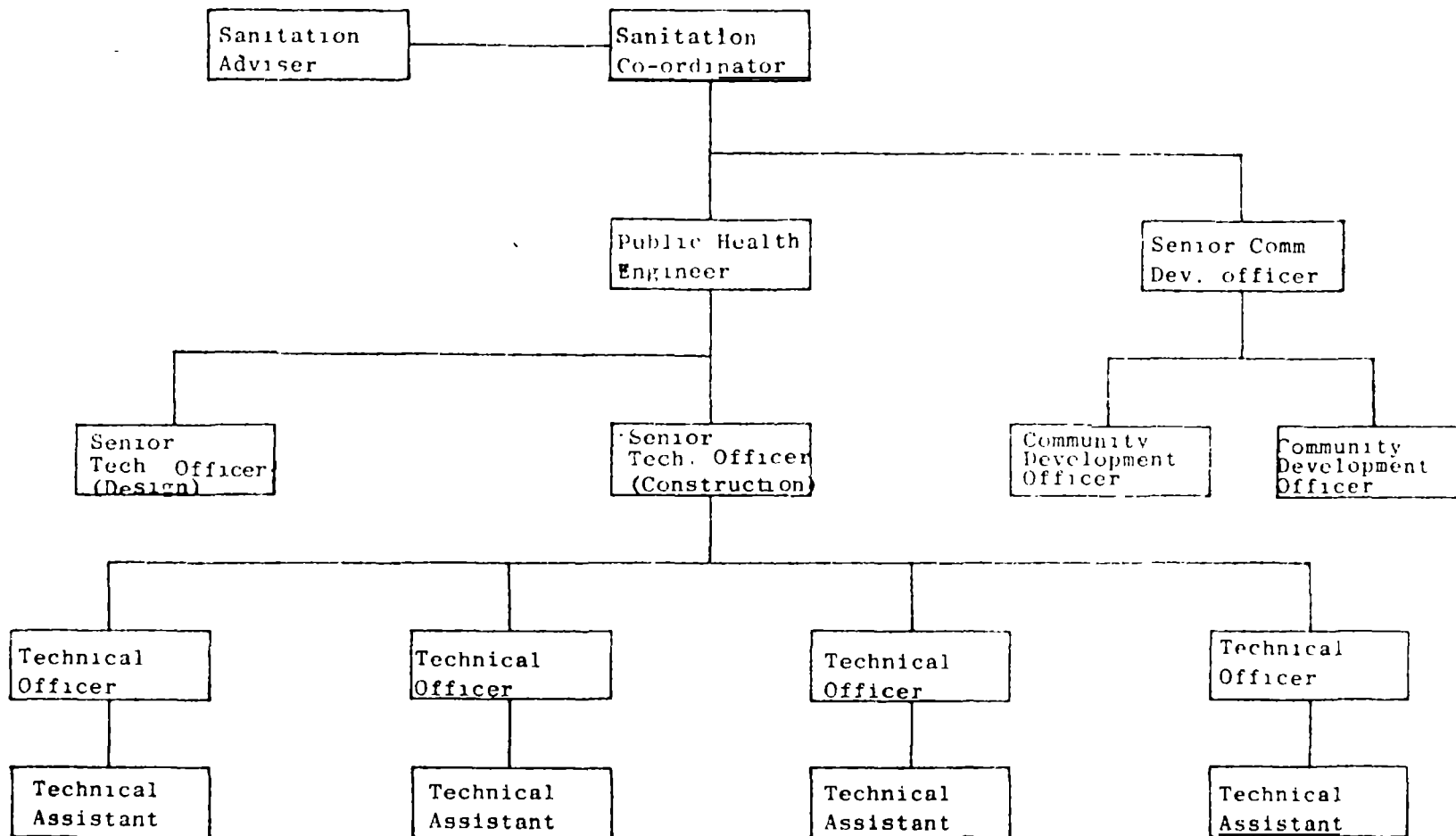


ANNEX V : ORGANAGRAMS

A. THE MINISTRY OF INTERIOR



URBAN SANITATION IMPLEMENTATION TEAM (USIT)
ORGANISATION CHART





REVIEW OF SOCIOLOGICAL ASPECTS OF URBAN SANITATION

INTERIM REVIEW OF COMMUNITY OUTREACH WORKER (COW) TRAINING

ANNEX VI

QUESTIONS TO COWS, MARCH 1982

Name

Plot. No.

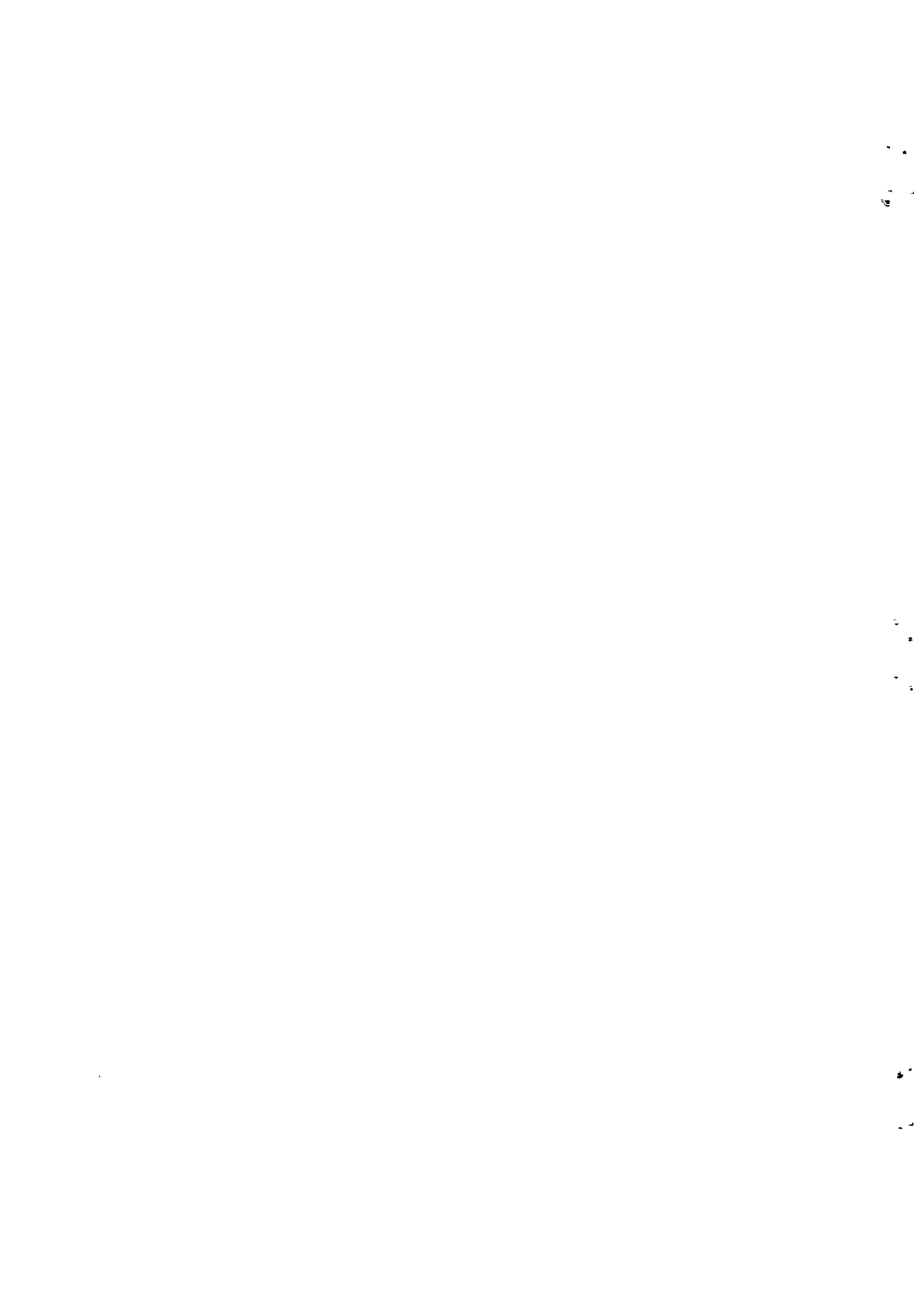
GENERAL

1. Age _____
2. Education _____
3. Literate _____
4. Speaks English _____
5. Household Occupants:
 - Grandparents _____
 - Spouse _____
 - Children _____
 - Other _____
6. Who is principal earner? _____
7. Source of Income _____

Ages of Children _____

SELECTION

8. Why volunteered as COW?
9. How were you selected?
10. What are the important qualities needed for the job?
11. Are you satisfied with the job so far?
If not, what are the problems?
12. How long will you remain a COW?



I TRAINING

ANNEX VI

Page 2

13. Date training began _____

14. Subjects taught:

	Subject	Length of Course
1		
2		
3		
4		
5		
6		
7		
8		
9		

15. Which subjects interested you most? _____
Why?16. Which were least interesting? _____
Why?

17. Which were best taught _____ why?

18. Which were worst taught _____ why?

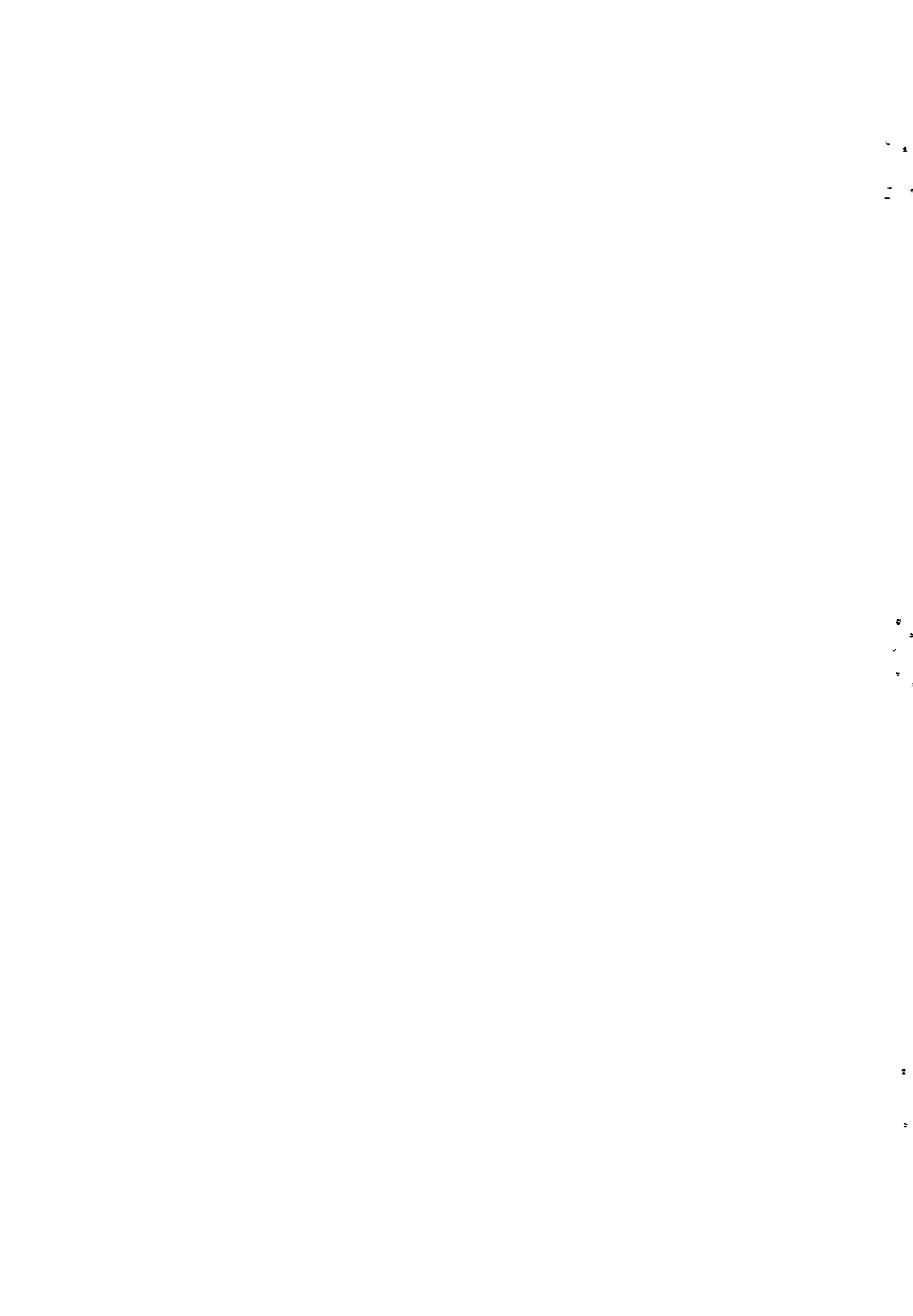
19. Additional subjects on which you would like teaching?

20. Any other comments on the training so far?

Too broad?

Too long?

IV ADMINISTRATIVE ISSUES21. How is Housing
arranged?Is this
satisfactory?
If not, why not?22. Are you content
with the payment
for the job?



PRACTICE

3. What CoEW work have you carried out so far?
If none, what will you do first?
4. What is/will be your area of responsibility in Kettlehong?
5. When you have a problem who do/will you report to?
6. How did you/would you initiate community activity?
7. What do you think is the most important task of a CoEW?

SANITATION TEACHING IMPACT

8. What are the important points to teach users of ventilated latrines?
9. Where should users throw sullage?
Why is that important?
10. What is the purpose of the ventilation pipe?
1. What should users check on the flyscreen?
2. Should seat covers be kept off or on latrines?
Why is this?

SANITATION PROBLEMS

3. What problems have you or your neighbours experienced with latrines?

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ANNEX VII DRAFT USIT RAPID APPRAISAL FORMATGeneral Notes

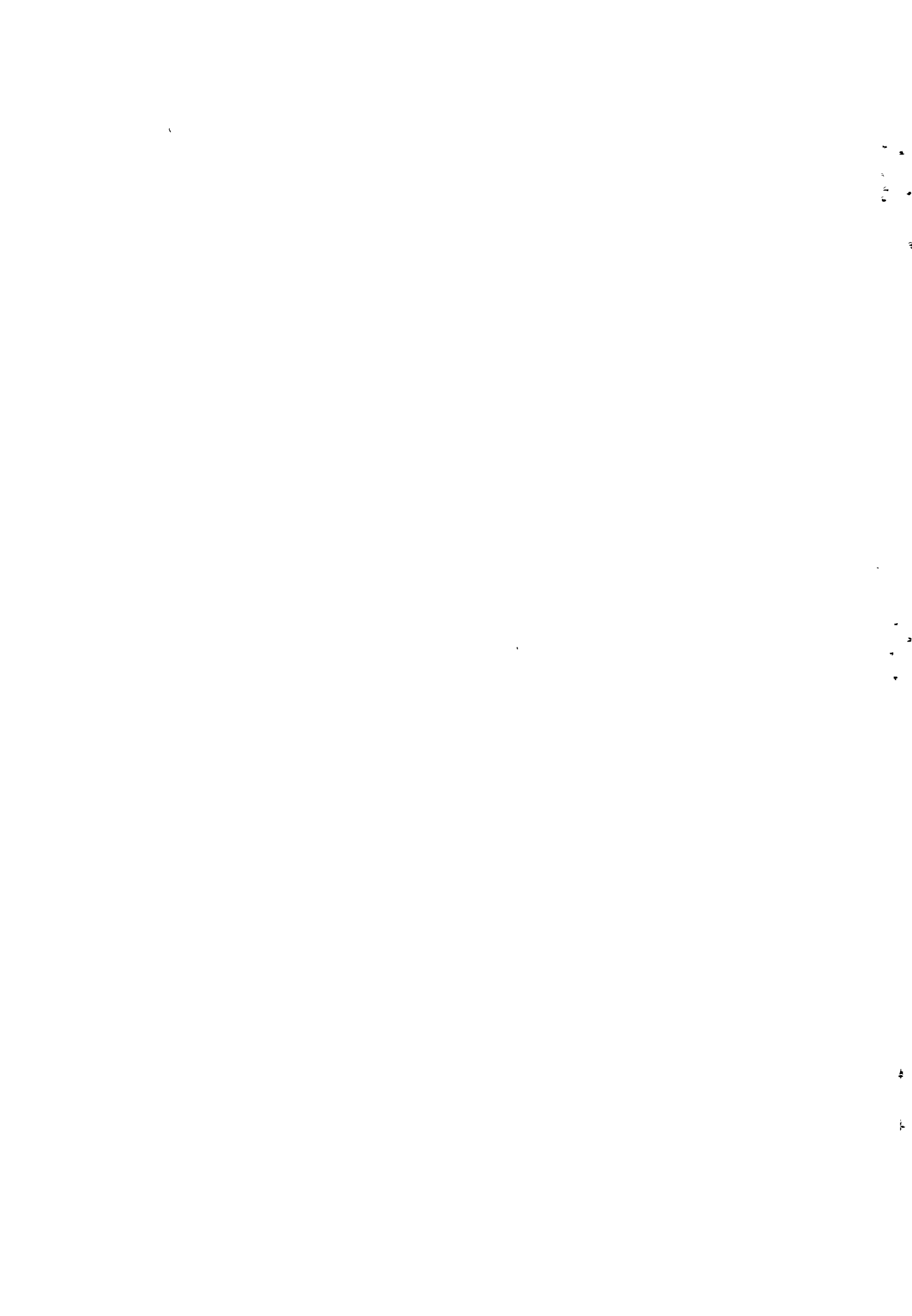
1. The aim of the rapid appraisal is to obtain information for the purposes of monitoring social aspects of sanitation. The intention of the rapid appraisal is not to cover the whole community nor provide data for analysis by sophisticated statistical techniques, but rather to gather a small amount of good quality information in order to seek out and pre-empt problems, and throw up hypotheses for further investigation.
2. The Rapid Appraisal has 3 sections to be implemented in this order:
 - (a) Questionnaire to household occupants;
 - (b) Physical inspection;
 - (c) Behavioural observation.

The following table summarises planning details of these proposed sections:

Section	Approx. Sample Size	Community Worker Study Rate	Total Man/Days Data Collection	Total Man/Days Analysis and Write Up
Physical Inspection	60 hhs *) 6 hhs) per) day	10	4
Questionnaire	60 hhs			
Behavioural Observation	5-10 families	2 families per day	5	

3. The appropriate sample size will vary by community. In practice, staff availability and length of time available will also affect sample size. Two (2) researchers (say 1 USIT community worker and 1 assistant) should complete the rapid appraisal in 3 weeks.

* hhs = households



With these limiting factors a sample of 60 households for the physical inspection and questionnaire (the same households for each section) and a selection of up to 10 families from these households for behavioural observation should be possible. In the 3 immediate study areas 60 households represents 28% in Katlehong, 7% in Khubetsoana, and 3-4% in Thamae's (of all households).

4. Sampling in Katlehong and Khubetsoana should be by random pre-selection of Plot numbers. If these occupants are not in, the next household to the left should be approached until an adult full-time resident is found. Sampling in Thamae's should be from plots where latrines have been installed since the upgrading programme commenced. The households for behavioural observation should be selected from amongst the sample interviewed, ensuring that these households have the following characteristics:

- household members at home during the week;
- young children present;
- seemingly 'average' low income households.

5. A model plan for an appraisal would be as follows:

Activity	Wk.	1					2					3				
	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Select Households for Sections 1 and 2		■														
Interviews and Inspections		■	■	■	■	■	■	■	■	■	■					
Select Households for Section 3							■									
Behavioural Observations							■	■	■	■	■	■	■			
Analysis and Write up													■	■	■	■

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DRAFT USIT RAPID APPRAISAL FORMAT

SECTION I: QUESTIONNAIRE

Sample No. _____

Introduction

Clearly explain that the purpose of the questionnaire is to record user experience and find out what problems, if any, have been encountered. The Ministry of Interior wants this information to see if and where further assistance is necessary, and in order to provide acceptable facilities elsewhere in Maseru.

(Do not mention latrines until after question 1 if at all possible - if this has been unavoidable, start and omit to ask question 1).

General

Suburb: _____ Plot No.: _____ Date: _____

Interview/inspection undertaken by: _____

Name of Interviewee: _____

Status within household (e.g. female head): _____

Status of household: tenant
 owner occupier
 other: _____

No. of members at home on a weekday: _____

No. of children at home on a weekday: _____

User Experience

1. With which of the following facilities in this suburb are you least satisfied (list)
- | | |
|--------------|-------|
| the houses | _____ |
| roads | _____ |
| water supply | _____ |
| sanitation | _____ |
| other | _____ |

2. Type of Latrine: _____

DRAFT USIT RAPID APPRAISAL FORMAT

SECTION 1 contd.

3. What problems have you had with your latrine (do not prompt):

4. What are the best features of your latrine:

5. How does your latrine compare with other latrines you have used?

6. Does your latrine smell Yes No

If Yes: (a) How badly Very badly mildly

(b) Where does the smell come from _____

(c) When does it smell worst _____

7. Do you get flies inside your latrine Yes No

If Yes: (a) How many flies do you find Very many Few

(b) Where do the flies come from _____

8. Are you content with the siting of your latrine _____

If No: (a) What is the problem _____

(b) Where would you prefer it sited _____

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DRAFT USIT RAPID APPRAISAL FORMAT

Latrine Usage

9. Do all members of your family always use the latrine Yes No

If No: (a) Who doesn't _____

(b) Why not _____

10. Where do family members defecate at night _____

11. Do elder members of your household or elderly visitors use the latrine _____

12. Do your children use the latrine seat Yes No

If No: (a) Where do they defecate _____

Soakaways

13. Do you have a soakaway Yes No

14. If Yes: (a) Do you have any problems in using it _____

(b) When do you use it _____

Care and Maintenance of Latrines

15. Should you keep the latrine door open or closed _____

16. Should you keep the latrine seat open or shut _____

17. What do you clean in the latrine _____

18. How often do you clean the latrine _____

19. What maintenance work has anyone in your household carried out on your latrine _____

20. What will you do when your pit is full _____

21. When did you last inspect the flyscreen _____

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DRAFT USIT RAPID APPRAISAL FORMAT

Sample No. _____

SECTION 2: PHYSICAL INSPECTION

Suburb: _____ Plot No.: _____ Date: _____

1. Type of latrine: _____

Superstructure

2. Condition of Roof _____

3. Condition of Walls _____

4. Door open or closed _____

5. Door able to close/lockable _____

6. Condition of Vent Pipe _____

7. Condition of Flyscreen _____

8. Odour inside the superstructure _____

9. Flies inside superstructure _____

Seat/Coverslabs _____

10. Seat cover open or closed _____

11. Chute clean or dirty _____

12. Cleanliness of floor _____

13. Positioning and condition of cover slabs _____

14. Signs of soil collapse outside _____

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DRAFT USIT RAPID APPRAISAL FORMAT

SECTION 2 contd.

Substructure

15. Water in pit (measure depth to water) _____

16. How full is pit (measure depth to sludge) _____

Other Observations

17. Toilet paper in latrine _____

18. Special facility for children _____

19. Other (VIDP) hole plugged _____

20. Urine or faeces in the yard/around the latrine _____

21. Others _____

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DRAFT USIT RAPID APPRAISAL FORMAT

SECTION 3: BEHAVIOURAL OBSERVATIONS

Notes

1. The selection of households for behavioural observation is described in the general notes.
2. The purpose of this section is:
 - to check what people say with regard to hygiene and sanitation against what they actually do to promote disease transmission;
 - to determine behaviours detrimental to environmental health;
 - to pinpoint targets for health education.
3. Observational studies are undertaken by closely observing and noting health-related activities on a daily schedule. Where possible, households should be selected in adjacent pairs so that a fieldworker can observe 2 households at once, though for the first day's observation a fieldworker should limit him or her self to a single household. The fieldworker will spend a single whole day amongst the families under observation noting all daily activities. Families should be questioned about activities that day before and after the period of observation.
4. Care should be taken in explaining to families the purpose of the study, and the family should not be given the impression that USIT is in any way 'checking up' on a particular family's standards of hygiene, so as not to change accustomed practices.
5. All activities related to personal and environmental hygiene should be noted, observing who, how, where and when, including the following:
 - all personal and domestic washing;
 - all other water uses;

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DRAFT USIT RAPID APPRAISAL FORMAT

SECTION 3 contd.

- all defecation and urination, including post-defecation hygiene;
- food hygiene, and hygiene in the kitchen;
- personal hygiene before and after meals;
- hygiene amongst children and in child care.

6. A draft form for recording observations is attached.

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SANITATION PROMOTION IN THAMAE'S

QUESTIONS TO FIRST HOUSEHOLDS RECEIVING VIPs/VIDPs

NAME OF INTERVIEWEE: _____ PLOT NO _____

STATUS OF INTERVIEWEE: TENANT
 OWNER OCCUPIER
 ABSENTEE LANDLORD

OLD LATRINE: PIT LATRINE WHO BUILT YOUR OLD LATRINE?
 BUCKET LATRINE

NEW LATRINE: ① _____
 ② _____

WHAT IS YOUR OPINION OF THE NEW LATRINE?

[PROMPT] FIRST RESPONSE _____
↓

TO LOOK AT _____

SIZE _____

BUILDING MATERIALS _____

POSITIONING _____

COMFORT _____

SUITABILITY FOR CHILDREN _____

OTHER POINTS/COMPLAINTS _____

REVIEW OF SOCIAL ASPECTS OF URBAN SANITATION

ANNEX X

Page 1

SANITATION PROMOTION IN THAMPAE'S

QUESTIONS TO SANITATION APPLICANTS

NAME _____

PLOT _____

EXISTING SANITATION _____

WHAT NEW FACILITY DO YOU WANT _____

WHAT DO YOU ESPECIALLY LIKE ABOUT THIS NEW LATRINE?

1. _____

2. _____

3. _____

4. _____

DO YOU WANT THIS TYPE OF SANITATION BEFORE APPLYING
TO LEHCO-OP FOR A LOAN?

YES

LEHCO-OP PERSUADED ME
TO MAKE THIS CHOICE

OTHER _____

WHERE DID YOU HEAR ABOUT BEING ABLE TO GET LOANS TO
IMPROVE YOUR SANITATION _____

HAVE YOU ATTENDED A MINISTRY OF INTERIOR PITSO ON
GRADING THAMPAE'S _____



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