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SUSTAINABILITY OF WATER AND SANITATION SYSTEMS

Community oriented hygiene and sanitation

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In this latter part of the 20th century, Hygiene and Sanitation (H&S) activities have featured prominently in water supply projects. This paper supplies a brief background of H&S activities in the Upper Regions (UR) of Ghana, describes the current strategies being tried with illustrations through case studies, looks at sustainability and raises some concerns around the approach.

From 1986 to 1991 the Water Education For Health Program (WEFH) under the Water Utilization Project (WUP) focused on H&S issues around water in rural pump communities in the Upper Regions (UR) of Ghana. Diarrhoeal diseases were the major cause of infant mortality. Malaria was the highest clinically identified disease. Guinea Worm was a major cause of debilitation and deformity. Environmental sanitation and personal and food hygiene among rural children and mothers was poor. Clean water from bore holes was contaminated by the leaves used to prevent the water from splashing from the vessels.

The WEFH program trained one man and one woman from each village pump community to take up some health education duties at the community level to encourage knowledge transfer and some community based action towards improved H&S. These Community Water Organizers (CWOs) were mostly illiterate members of the community. The education process was reinforced through radio programming including locally produced drama and songs. There were different topics for each year's campaign depending on the most prevalent water related diseases recorded by the UR Health Institutions and from interviews with community people.

Although the delivery of the education was interactive and participatory, the messages were designed and delivered through a centrally planned mass campaign, unintentionally actually largely negating the participatory benefits.

Statement of the problem

In 1990, a survey conducted by the program indicated there had been significant knowledge transfer with little or no attitudinal change and no statistically significant change in the incidence of disease. (Wardrop 1990). In effect, community members had knowledge of problems but were not acting on that knowledge. Why?

Current objective

The current objective is to focus on behavioural change, community management and sustainability of community hygiene and sanitation programs.

Since 1994, the Community Water Project (COWAP), funded by The Canadian International Development Agency (CIDA), has built on this basic work of WUP. COWAP aims at supporting rural communities in identify and solving their own H&S problems, putting decision making in the hands of community people to encourage sustainability.

Part of changing behaviour is understanding traditional values. Along with these traditional values come constraints that challenge change. Mark Twain said, "Habit is habit and not to be flung out of the window but coaxed down stairs a step at a time." (Participatory Evaluation)

In the UR, diseases are believed to be caused by angry ancestors, gods and inadequate sacrifices, not environmental conditions. Examples include:

- diarrhoea is caused by drinking dirty water, but it is angry ancestors that make one drink this contaminated water. Western medicine can stop the diarrhoea but it will recur without sacrifices.
- It is a taboo to bury the faeces of a child if one has never lost a child. Burying the faeces is equated to burying the child.
- Mosquitoes breed in herbalists pots containing water and herbs, but it is a taboo to use a lid because the presence of the larvae indicates the potency of the herbs.

Non traditional constraints include women's workload. The women state it is often impossible when returning from the farm in the late evening for them to fetch water, wash bowls, bath children and still cook early enough for the family before children fall asleep.

Here are four strategies COWAP is using to support communities in their decisions around changing behaviours.

Strategies

Interactive Drama (ID)

ID is Community Animation Theatre, "in the round" where problems and solutions are acted out by community members. The drama starts and stops with different members ideas acted out and accepted or rejected as the reality acceptable to those present. Communities now own the initiative in problem identification and problem solving. Using ID as a situational drama, drawing on peoples personal experiences and using the community

members as characters is a new technique for us. ID usually ends with community members coming out with practical solutions to their own problems. ID appears to be effective because it provides an indirect approach to discussing community issues. This indirect approach is consistent with traditional problem solving styles.

When a priority issue is identified critical questions such as; How is this a problem here? Is this a real situation? Why is this a problem? are asked and actors are invited from the audience to act out their perceptions of the problem. When consensus on the problem is reached, possible solutions are acted out until a decision for action is arrived at.

Case study

In one community, an expensive, government built and funded septic tank latrine attached to the Health Centre, was losing its roofing and clogged. Since the government had built the latrine, the community simply looked on, expecting the District Assembly to bring about a solution. About 12 kilometres away in a community in which we used ID, the villagers identified the lack of latrines as a problem. They contributed 128,000 cedis (USD 128) and undertook the construction of six 'Mozambique Latrines'. It should be noted these communities have a similar resource base, but the chief of the first community is a well educated teacher and an old politician, while the chief of the second community is an illiterate farmer.

A second pilot program for H&S is working with the UR School Health Program in both urban and rural sectors. The children range in age from 10 to 15 years. Latrine building meets some of their curriculum demands in a practical way.

Case study

In one school, children have built two 'Mozambique Latrines' and two urinals. Before undertaking the building, we spent time discussing and demonstrating principles of siting, latrine design and options. The students shared this information with their rural counterparts in two rural pilot schools and members of their Parent Teacher Association. Using the skills gained, and with good support from their head master, the students are beginning to build the latrines for community members and interested schools.

Self monitoring

Self monitoring of the activities agreed upon is at the local level and by the community members, however COWAP does its own cross monitoring. Indicators are chosen after using questions like; How do you want to do this? How can you know you are making progress? Who shall be responsible for what?

Case study

Two communities, one in the Upper East Region (UER) and one in the Upper West Region (UWR) have set their

own indicators for H&S. In the UER one community declared all members as health inspectors. They divided the community into 3 sections and agreed to monitor compound cleanliness inside and outside, as well as the disposal of the refuse. This community identified behaviours of men in the compound that were unhygienic; spitting, bringing manure to the compound etc. The men agreed they did this and would try to change. On the last visit the community was very proud of their clean compounds and the women said the men were trying to change. They felt their monitoring of each other was very effective. We will return in the rainy season to check this community and perhaps help with drainage issues that will be relevant at that time.

Schools identified the programs they would undertake and came up with their own indicators. Some of those identified include:

- unkept hair/hair lice
- personal hygiene
- compound littering

Teachers noted the incidence when students were sent home for hair or personal hygiene problems had dropped by at least 30%. Another school achieved compound cleanliness by dividing the compound into four sections and having a weekly competition.

A rural school has extended its H&S program to the community where cleanup campaigns are now organized and monitored by the students before each market day and women are encouraged to wash their calabashes between customers. It is too early to come out with quality indicators except to say there is a growing community spirit. One chief of a community said, "This COWAP, it has shown us we have to take charge and try to make change in our community, not just wait for others to show us how."

Participatory rural appraisal (PRA)

Communities have their own system of keeping records of factors important to them. COWAP has re-emphasized this by assisting the communities to draw maps of their communities indicating houses, water points, schools and other important features.

Gathering base line data by the community has been possible through PRA. Base line data can then be related to health, hygiene and sanitation issues and increase awareness of population pressure as against sanitary facilities available in the community. The community utilizes and expands their system of keeping records, not an imposed system and the information kept is seen as meaningful to the community, not something COWAP wants kept.

Case study

Seeds, local and readily available in a community, are used to record and monitor population in two communities. Different types of seed represent men, women and

children of different ages. Additionally, the number of marriages, and divorces could be recorded in the same fashion.

Radio programming

Interviews, music and songs from the community, are recorded in the community and used in the daily half hour time slot provided by Ghana Broadcasting Corporation (GBC). After one such broadcast one older gentleman who heard his neighbour being interviewed said, "this is interesting. I'm going to buy myself a new radio." No longer is the information only from outsiders. Local peoples' opinions and ideas are being heard. Often the musicians are young people and they are very pleased to hear their music on the radio. Feedback through the interviewers leads to more interviews and a sharing of ideas and opinions. This participatory approach is new in radio and we are still learning.

Indicators of sustainability

These four strategies lend themselves to sustainability of community initiated programs because communities are able to:

- recognize and define the problem
- discuss the problem
- decide to act on the problem
- know what action they will take to monitor their own compliance

Communities soon realize they are in charge of change.

Issues of concern

- How do we ensure strong ID skills in our practitioners. ID is a very powerful tool. Used inappropriately, "top down" rather than "bottom up" it could reinforce dependency rather than develop community capacity to make decisions.
- How can we support the development of qualitative indicators at the community level?
- How do we manipulate traditional barriers that affect H&S issues?
- How do you give away this pilot project? To whom and with what training?

Conclusion

Our participatory approach in H&S is new in the region and growing in popularity as we share our ideas with collaborating agencies. We have much to learn and we feel sure the communities will continue to help us grow as they take charge of change.

References

1. A Review of WUP Hygiene and Sanitation Campaign: Wardrop Field Paper, 1990.
2. "Drama For Community Management". COWAP Field Paper, Ross Kidd 1994.
3. Participatory Approaches in Community Development