Sustainability of WASH Infrastructure in Lesotho: Observations of Attitudes of the Basotho and their Impact on Project Longevity

Christiana Obeng1, MS2, Sebastien Trot1, Katherine Boyd1, Palesa Lebese2, Kabelo Tseetsana2, Nielufar Varjavand1, MD
Drexel University College of Medicine1, World Vision International2

Abstract

World Vision, among other organizations, provide financial and technical support for the implementation of water, sanitation and hygiene projects (WASH), in accordance with the Sustainable Development Goals, agreed upon by the United Nations. However, a plan to sustain WASH infrastructures will determine the longevity of the impact of the projects. This was evident during my time in Lesotho this past summer, where I reviewed the WASH projects implemented by World Vision in Berea District, Lesotho, and the impact of the projects on the health burden in the district. Although, World Vision had successfully erected WASH facilities in villages and schools, I realized that the passive attitudes and disincentive of some of the village residents and students from engaging in behaviors that could properly maintain the facilities. This poster will present my observations of the attitudes of the Basotho people in Berea District, Lesotho, and the impact of these attitudes on their willingness to maintain the WASH facilities in their communities.

Introduction

3 in 10 people, worldwide, lack access to safe drinking water. 6 in 10 people lack access to properly managed sanitation facilities such as toilets and latrines. World Vision (WV) has provided clean water supply, toilets and latrines, and hygiene educational programs in countries like Lesotho. As of 2017, WV built approximately 739 improved sanitation facilities in schools, installed handwashing facilities that benefitted 7,399 families, and provided access to clean water to almost 34,000 people in Lesotho.1,4

I spent six weeks last summer in Berea, Lesotho, where I worked with World Vision, to assess the impact of its Water, Sanitation and Hygiene (WASH) projects on the communities that it served. This poster presents my observations and findings from conversations with WV staff, health committee leaders, schoolteachers and nurses on the attitudes of the Berea Basotho, and their impact on WASH project longevity.

Observations

Ha Senekane Town Hall Meeting

I attended one of the townhall meetings in Ha Senekane, Berea, where chiefs and residents of the neighboring villages, members of community health committees, and representatives from the local World Vision office met to educate the community on hygienic practices and to discuss issues that the communities had in maintaining the sanitary facilities provided.

The following were some of the issues addressed at the meeting:

❖ Members of some of the community were dismantling doors of the latrines and using them as materials to patch the roofs in their homes.

❖ Others stored firewood in the latrines, instead of its intended use.

❖ There was poor sanitary upkeep of the latrines. As a result, some members, resorted to open defecation in their communities.

❖ There was little accountability among the community members to ensure that they are collectively maintaining the facilities.

❖ The middle and high school students vandalized some of the latrines in their schools, especially on weekends, when teachers and other school authorities were not on site.

❖ The hygienic practices taught at the health meetings were inadequately practiced in their homes.

Meeting with Nurse at Paballong HIV/AIDS Care Centre

I attended the observations of the Nurse-in-Charge at the Paballong HIV/AIDS Care Centre in Ha Senekane:

❖ There have been numerous educational programs offered to the community members by the Paballong nurses and WV. However, she had only seen little improvement in the hygienic practices of her patients.

❖ The reason there was poor upkeep of the facilities was because the community members did not take full ownership of the facilities built. Instead, they labelled these facilities as “properties of World Vision or of a similar organization.”

❖ This form of mislabeling prevented some of the community members from assuming ownership of the facilities. This made them feel little responsibility to properly maintain the facilities.

Conversation with World Vision Area Program Coordinator

The area program coordinator for Sefikaneng and Mapoteng echoed the observations of the head nurse at Paballong HIV/AIDS Health Centre. He also added that:

❖ The health training given to the health committee members were sometimes not disseminated to the rest of the community members.

❖ The health committee members did not frequently check-in with the community to ensure that they were practicing what they had been taught.

❖ The follow-up visits by World Vision to their target communities were not frequent enough to evaluate the impact of the programs implemented.

Meeting with Headmistress of Sefikaneng Secondary School

The headmistress at Sefikaneng Secondary School reported significant successes that they have had in maintaining their facilities at their schools.

❖ The students took an initiative to establish WASH clubs at their schools, where they met to educate each other on proper sanitation and hygiene practices.

❖ These students also engaged in regular school-wide cleaning programs, which ensured that the campus and latrines were tidy and well-maintained.

❖ The students extended their involvement in WASH programs to implement nutrition programs including a school garden, which they maintained on their own.

Discussion

World Vision, and its partner organizations have risen to the call by the United Nations’ Sustainable Development Goals set in 2015. World Vision has, since its establishment in Lesotho, implemented numerous hygiene educational programs, installed tap water posts and built several toilets and latrines in communities and schools. However, it has become apparent that the lack of cooperation of the community members with World Vision will significantly hamper the utility and longevity of these facilities.

It is, therefore, important that organizations that embark on humanitarian and public health missions engage with the community members, in the planning and implementation stages of their programs. Although, the Basotho in communities may have appreciated the work done by World Vision, some of them had other pressing issues to attend to. Some of which included food scarcity and inadequately-insulated homes for the winter.

There were also few incentives set to encourage continued maintenance of the facilities and changed hygiene behaviors. Thus, some community members were not motivated to do so.

Future Direction

To improve sustainability of WASH infrastructure and encourage behavior change, the following suggestions have been made:

❖ Encourage communal clean-up days, where whole communities clean their public latrines, gutters and tap post stations

❖ Collaborate with local health department to conduct quarterly health inspections that will reward successful communities

❖ Stress the repercussions of continued vandalism of facilities at schools and health workshops.

❖ To improve sustainability of WASH infrastructure and encourage behavior change, the following suggestions have been made:

❖ Encourage communal clean-up days, where whole communities clean their public latrines, gutters and tap post stations

❖ Collaborate with local health department to conduct quarterly health inspections that will reward successful communities

❖ Stress the repercussions of continued vandalism of facilities at schools and health workshops.

References


Acknowledgements

I would like to thank Mme Mankuebe Nkuebe, WV, Ntate Masheane Nikopane, WV, Idris Robinson, MPH, for their mentorship, and the rest of the Berea WV team for their support throughout my summer experience.