Lesotho

Low cost sanitation provision in urban areas in Lesotho: A model for improved sanitation coverage

In 1981 the government of Lesotho launched the Urban Sanitation Improvement Team (USIT) which aimed to increase sanitation coverage at the household level in urban areas. The programme adopted a zero subsidy approach to improving sanitation with households expected to self-finance latrine construction. Through a highly successful promotional campaign the programme sought to stimulate demand for VIP latrines, marketing the technology as an aspirational product. The success of the programme over the course of 20 years was rooted in a strong partnership between government, external support agencies and the private sector, resulting in sanitation coverage in urban areas increasing from 30% to 80% between 1981-2002.

The national sanitation programme of Lesotho initiated in 1981 was founded upon a strong partnership between government, donor agencies and the private sector that aimed to upscale the adoption and implementation of low cost sanitation facilities nationally. Implemented by the Urban Sanitation Improvement Team (USIT) in urban settlements, the programme adopted a zero subsidy approach for households, focusing significant resources on education, awareness raising and promotion of a locally appropriate sanitation system, namely the Ventilated Improved Pit (VIP) latrine. Innovative marketing techniques aimed to stimulate demand for improved sanitation and mobilize households to finance the construction of their latrines. Provision was made for poorer urban households, for which a one-off payment was not possible, through the development of a loan scheme initiated in partnership with the Bank of Lesotho. Research identified a standard design for the VIP latrines, wherein the USIT trained and certified local masons in the construction providing both employment and income generation in the community. By 2002 sanitation coverage in urban Lesotho had increased from 30% to 80% and had resulted in the eradication of the use of bucket latrines by households. Success was greatest among urban middle-income owner occupied households, with new strategies needing to be identified to increase sanitation coverage amongst the poorest 10% of society.

The importance of the issue

Urban sanitation is a major issue in Lesotho with water borne sewerage being an unaffordable solution for much of the urban population. Prior to the introduction of the national sanitation programme of Lesotho, the ad hoc sanitation solutions adopted by residents typically resulted in health and environmental consequences, a situation that was further worsened by a lack of education in matters concerning sanitary hygiene.

The introduction of affordable sanitation solutions that were suitable for an urban environment was therefore of paramount importance for the well being of the country’s urban residents.
Local context

The Kingdom of Lesotho, a democratic, sovereign and independent country which is totally surrounded by its neighbour, South Africa, is home to some 2.2 million people (2012). However during the formative and defining years of the national sanitation programme in the 1980s and 1990’s the population was estimated at less than 1.8 million. Lesotho has the third-highest HIV prevalence rate in the world, with over 23% of the population infected. Poverty is deep and widespread, with over half of the population living on less than USD 2 a day and over 56% living below the international poverty line (as of 2011). Maseru, the capital, is by far the largest urban centre and is growing rapidly. Despite this, the majority of Lesotho’s population (80%) still reside in rural areas. Approximately half of Maseru’s urban population do not have adequate water supply and rely on informal purchases from households with private water connections or boreholes. Sanitation is also a major issue with water borne sewerage being unaffordable for the majority of urban residents. Prior to the introduction of the national sanitation programme the majority of urban residents were using bucket latrines and there was concern that the use of VIP latrines would contaminate the ground water. However, following successful projects in Botswana and Zimbabwe, to pilot the VIP it was subsequently adopted as the preferred method of on-site sanitation nationally.

A zero subsidy approach to increasing sanitation coverage in Lesotho by stimulating demand for improved sanitation at the household level and initiating innovative micro-finance approaches

In 1981 the Government of Lesotho made a commitment to improving sanitation provision, launching the National Sanitation Programme, which delegated responsibility for the programme to two task teams, the Urban Sanitation Improvement Team (USIT) and the Rural Sanitation Improvement Team (RSIT). Following a successful three year pilot study the programme was rolled out in urban areas in 1984 when USIT became an independent department directly responsible to the Ministry of the Interior. The success of the USIT emanated from the strong partnership developed between government, donor agencies and the private sector. The USIT was initially financed through the United Nations Development Programme (UNDP), World Bank, DFID (a UK government department for promoting development) and KFW (a German development bank). External support agencies provided technical assistance to the USIT and the government of Lesotho in sector coordination, sector specific pilot programmes and studies, and transfer of technologies and knowledge between the key actors. Prior to USIT, sanitation coverage was low and concentrated within urban areas, with many urban households utilising the bucket latrine. Following the introduction of USIT use of bucket latrines in urban areas was eradicated by 1992, with over 5000 bucket latrines being replaced or converted to VIP latrines. By 1995, over 12,000 households in Maseru had installed VIPs with USIT support. The USIT was successful in increasing latrine coverage in urban Lesotho from 30% - 80% between 1980 and 2002.

The urban programme was based on the premise that if people pay for their own latrines it indicates both desire and ownership and will result in proper maintenance and improved hygiene practices. USIT adopted a targeted and integrated approach to mobilise households to construct their own VIP latrines, including hygiene promotion campaigns, builder training programmes and a loan scheme to support poorer members of the community. The USIT promoted the VIP as an aspirational product, highlighting the added status to the household following construction and the improved health and hygiene benefits the VIP would provide. The USIT established that the majority of middle income owner occupied homes would be able to pay for the construction of a latrine in a one-off payment and deliberately targeted the promotional campaigns to this demographic.
Following research into existing latrine designs in Lesotho the programme established a standard VIP design that was implemented nationally. The concrete slabs and the seats for the latrines were standardised, with the option of three standard superstructures providing households with the opportunity to adapt the latrine to their available resources and preferences. The USIT identified and trained local masons in the construction of the VIP latrines, educating the masons in regard to good hygiene and sanitation practices and providing posters and certification to aid in the promotion of latrine construction services to further stimulate demand and contribute to increased income generation.

In order to reach the poorer members of the community, those households that could not afford to pay for a VIP in a single payment, could apply for a loan. The loan scheme established in partnership with the Bank of Lesotho was underwritten by the government (although this was not widely advertised to ensure good repayment rates) and enabled urban households to take out a loan for the VIP building material costs. Once a household has taken out a loan they were required to make monthly repayments paid over 24 months with no repayments expected during December-January, when Christmas expenses and school fees exerted increased pressure on the household income. The loans typically covered 60% of the latrine costs, with the households paying the cost of the mason to construct the latrine. Of the VIPs built during the initial scheme 5-10% utilised the micro-credit scheme.

While repayment rates were initially good, the USIT failed to pursue defaulters and as such the scheme faltered in later years and was not able to reach its full potential. USIT used a variety of methods of promotion and dissemination, with varying degrees of success. Radio was effective as it reached a wide audience, including those who are illiterate. Drama, quizzes, information programmes, interviews, audio-visuals shown at schools, jingles and advertisements were all also employed.
Between 1980 and 2002 the national sanitation programme was implemented in Lesotho, the USIT improved urban sanitation coverage from 30% to 80%. A summary of key results emerging from the project follows below:

- The initiative sought to train and certify local masons (builders) in the construction of VIP latrines, using a standard national design for slab size and latrine seat and a variety of options for the superstructure, increasing local skills and income generation. Furthermore, the training programmes provided the USIT with the opportunity to educate masons on the key linkages between health, hygiene and sanitation, and good sanitation practices harnessing a new medium through which to educate the community.

- While the VIP was affordable for the majority of middle income homes, lower income families needed to spread the payment of construction over a 1-2 year period. The introduction of the micro-credit sanitation financing scheme by the USIT enabled poorer households in the community to construct VIPs. The micro-credit scheme accounted for approximately 5-10% of the VIP latrines constructed and observed good repayment rates when initially launched.

- Despite the development of the sanitation loan scheme the poorest 10% of the population were not able to afford the monthly repayments and thus would need the additional support of subsidies to construct latrines within their households.

- The integration of national and district government, the private sector and the zero subsidy approach to sanitation provision at the household level formulated a strong framework through which the USIT could consolidate and coordinate actions at the local level. A reliable, if modest, budget for the programme at the national level improved the sustainability of the programme, removing the reliance on external and donor agencies and providing additional personnel and fiscal resources for education, promotion and awareness-raising.
Lessons learned

The national sanitation programme experienced rapid uptake of the low cost VIP latrines in urban middle income owner occupied homes largely due to the strong coordination and active sanitation, health and hygiene promotion by the USIT. In 1993 the cost of the VIP latrines ranged from USD 75-400, dependant on the materials used, making it an affordable on site sanitation solution for the majority of the population. Several key lessons emerged from the successes achieved by the USIT namely:

• As the central premise of the programme was motivating the community to pay for the construction of their own sanitation facilities, the programme was able to direct the majority of funds to education, promotion and awareness-raising of the health and hygiene benefits of a VIP latrine. This encouraged the adoption of the facilities at the local level and resulted in an increase in the number of households willing to pay to construct such a facility.

• Adopting a micro-credit scheme to assist poorer households in the construction of sanitation facilities enabled the programme to expand coverage to households within the community that would otherwise be excluded without the option of a monthly repayment facility. Clear ownership of sanitation facilities at the household level ensured that there was improved operation and maintenance of the VIP latrines.

However, following the initial success of the national sanitation programme in Lesotho, the initiative has faltered in recent years. A number of key factors have been identified as limiting the programme:

• The national sanitation programme and consequently the USIT has increasingly experienced institutional fragmentation and a decrease in the allocation of funds to the sector, with national government increasingly prioritising designation of health and hygiene funds to HIV/AIDS, as lack of basic sanitation is not seen to be life threatening. To ensure the sustainability of this programme there is a need to increase the prioritisation of sanitation at national and district level, through the development of an integrated domestic sanitation policy, increased fiscal resources from national government and improved coordination between key stakeholders through the reinstatement of the sanitation forums initially established within the programme.

• USIT, confronted with the first loan repayment defaults, decided that it would cost more to prosecute defaulters than to write off the loan. This set a poor example as people felt less concerned about defaulting on payments whereas one well-publicised prosecution may have encouraged people to repay the loans.

• In light of the socio-economic changes that Lesotho is currently experiencing the national sanitation programme needs to be revisited to ensure that the poorest members of the community receive access to basic sanitation. A new gap emerging in sanitation coverage is the result of the surge in rental properties in the urban areas. Consequently there is a need to identify a strategy to encourage the adoption of low cost sanitation options within rental properties which now comprise one-third of households.

• The pit-emptying service instituted by USIT collapsed following its introduction as user demand was erratic, costs per household were relatively high, distance to approved dumping sites were too great and maintenance of pit-emptying machinery was problematic. It was considered to be more economically viable to empty septic or conservancy tanks than to undertake waste removal at the household level.
Replication

The important factors for the successful replication of the USIT framework developed as part of the Lesotho National Sanitation Programme and its microcredit approach in urban areas are:

• Mobilising demand for improved sanitation through a strong education and promotion campaign ensuring the latrines are a desirable good that people are willing to invest in;
• identification or design of a wider range of locally appropriate, technically simple sanitation facilities, of differing affordability, to allow households to select a design and technology that is appropriate for them;
• training and advocating for the use of local masons and materials;
• minimal direct grants or subsidies to households, limiting such assistance only to the very poorest of the population;
• disaggregation of owner occupied and rented properties and invoking relevant legislation to ensure that landlords provide tenants with basic sanitation facilities;
• integration of projects into existing government structures and coordination among departments in promoting sanitation;
• commitment of fiscal resources and personnel at the national and/ or local government level for education, promotion and assistance
• municipal and/ or district authorities need to actively participate, coordinating promotion and implementation, and driving demand for improved sanitation.

Budget and finances

During the initial stages of the programme the UIST received technical and fiscal support from external agencies, which was matched by the government of Lesotho. In its later stages the programme was funded in its entirety through allocations within the national budget. The VIP latrines promoted in Lesotho’s urban areas were affordable to the majority of the population, with only the poorest 10% of the population requiring a subsidy to construct a latrine. In 1993 the construction of a concrete VIP latrine would cost USD 400, while a VIP constructed with zinc sheeting for the superstructure would cost USD 75. Additional savings could be made by the household by converting bucket latrines or using old materials.
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References and sources


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