

A multisectoral
response to water
sanitation and
hygiene issues in
Lesotho:

The Mohale's
Hoek experience

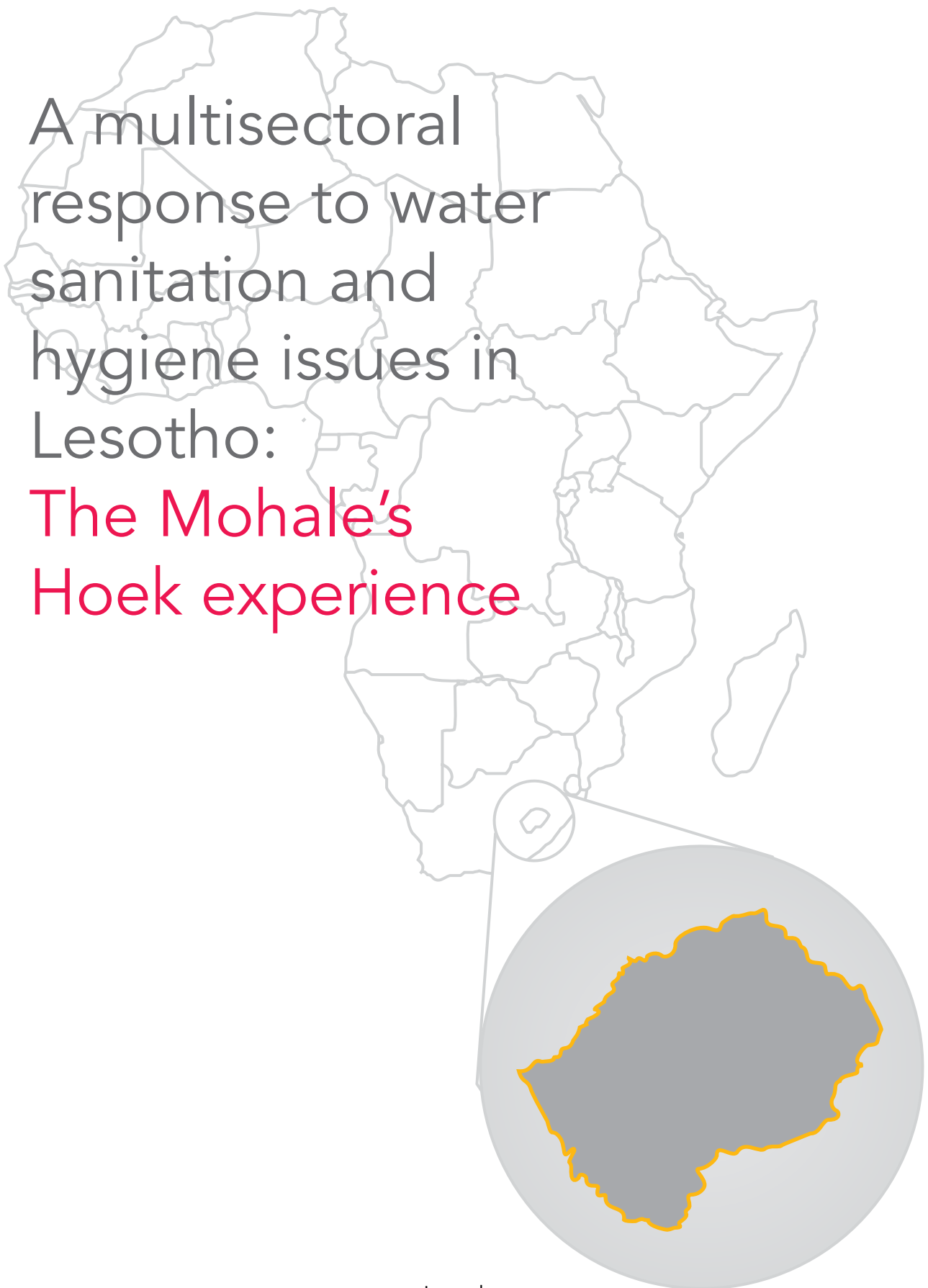


World Health
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REGIONAL OFFICE FOR Africa

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Lesotho

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A multisectoral response to water sanitation and hygiene issues in Lesotho: the Mohale's Hoek experience

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An earlier draft of this case study was included in a special collection of global experiences on intersectoral actions which was widely disseminated during the World Conference on Social Determinants of Health held in Rio de Janeiro, Brazil in 2011. At the country level, the review process leading to the finalization of the case study generated multi-stakeholder policy and strategy discussions on implementing intersectoral actions to address social determinants of health.

The final product is a result of collective efforts of many individuals and organizations. However, the drafting team included Paul Mojakhomo, Ministry of Health and Margruete Regan (WHO, Lesotho). The overall guidance and technical inputs to the project from WHO Regional Office for Africa are gratefully acknowledged, namely: Dr Tigest Ketsela, Director Health Promotion Cluster; Dr Davison Munodawafa, Programme Area Coordinator, Determinants and Risk Factors; Dr Chandralall Sookram and Mr Peter Phori; and Dr Eugenio Villar, SDH Coordinator in WHO HQ, Geneva. We are indebted to the many people who made valuable inputs throughout the process who cannot be mentioned by name. Last but not least, we express great appreciation for the support received from the Government through the Ministry of Health to conduct this activity.

1. Introduction

Action on the social determinants of health (SDH) is an emerging and exciting area of public health. Social determinants of health, by their nature, cut across various sectors beyond the Ministry of Health and, as such, intersectoral collaboration is crucial to eliminating these social determinants of disease. Responding to the increasing concern about the persisting and widening inequities, WHO established the Commission on Social Determinants of Health (CSDH) in 2005 to provide advice on how to reduce them. According to the CSDH, the social determinants of health are the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness. They are broken into five categories: early childhood development and education, places where people live, work environment, social protection across the life course, and universal health care. These circumstances are shaped by a wider set of factors: economics, social policies and politics. These factors determine the distribution of money, power and resources at global, national and local levels, which are, in themselves, influenced by policy choices. It is the social determinants of health that are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

The WHO African Region (WHO/AFRO) faces a high disease burden from multiple preventable causes. To tackle these causes, all countries must address the social determinants of health using a 'whole-of-government' approach, which integrates 'health equity in all policies' across all sectors. The Rio Political Declaration of 2011 confirmed Member States' commitment to take action to address social determinants of health. This involves Lesotho strengthening the stewardship role of the Ministry of Health to coordinate and advocate for intersectoral action for health. The aim of the WHO/AFRO's regional strategy to address the social determinants of health is to assist Member States to promote actions to reduce health inequities through intersectoral policies and plans in order to effectively address the key determinants of health.

It was, therefore, decided in 2012 that one district in Lesotho would be targeted to improve the health status of the community, using the SDH approach, which will address five areas: adopt improved governance for health and development; promote participation in policy-making and implementation; further reorient the health sector toward promotion of health and reducing health inequities; strengthen global governance and collaboration; and monitor progress and increase accountability.

The district of Mohale's Hoek showed a keen interest in using this approach to target several issues affecting the health of its population. After several primary meetings between district officials, those from the central level and the World Health Organization, it was decided to carry out a case study in the district, focusing on one specific problem area. The district environmental health officer identified several options and these were then put forward to the Urban Council to discuss and prioritize. It was agreed that water sanitation was a big challenge for the area and they decided that the case study should focus on improving the water sanitation levels in Mohale's Hoek by focusing on the clean-up and rejuvenation of the Manyeleng stream. A combination of absence of access to a hygienic toilet, waste management problems, lack of clean water for businesses and overcrowding of a small area had led to a lot of pollution and litter in and around the

area and people dumping waste water and defecating in the open, resulting in high levels of environmental contamination and exposure to the risks of worm infestations and microbial infections.

This document gives a background to the situation and discusses the health issues identified in Mohale's Hoek, the several planning phases of this project, the timeline, implementation and the way forward.

2. Situation analysis

Lesotho is a small landlocked country, completely surrounded by its only neighbouring country, the Republic of South Africa. It is just over 30 000 km² in size with a population of approximately 1.8 million.

The availability of water within Lesotho is paradoxical. Lesotho has a contractual agreement with South Africa, through the Water Highlands Projects, to provide them with water from two large dams, for substantial revenue. However, there are water shortages in many areas within the country for domestic consumption, sanitation, energy production and irrigation. This has been worsened by two seasons of drought that Lesotho experienced in 2011 and 2012.

The need to target water sanitation in countries like Lesotho is highlighted in the Millennium Development Goals (MDGs), which were established in 2000 to encourage development by improving social and economic conditions in the world's poorest countries. MDG 7 is particularly relevant to this case study, as its overall aim is to ensure environmental sustainability, which specifically calls for improved access to improved sanitation and sustainable access to an improved water source.



Map of Lesotho, divided into 10 official districts.

- **Connection of houses to the main sewer line:** A major sanitation issue identified was the large number of overflowing septic tanks from households and business premises in the district. Most of the town's residences are not currently connected to WASCO sewage line but instead have their own individual tanks and ventilation-improved pit latrines (VIPs). WASCO currently does not have the capacity to provide emptying services to satisfy the demand of the district as they only possess one tanker to service four districts, which leads to long delays for customers who have paid for emptying services. The meeting recommended that WASCO identify ways to connect all households to their waste system.
- **Establishment of a filter clinic (provision of free health services) for the urban population:** Unlike most districts in the country, Mohale's Hoek's urban population has no access to free primary health services. There is no community-level health facility that provides health services in the immediate proximity of the township other than the hospital, which charges because it is not a primary health care facility. This was also identified as one of the major determinants of health for the urban populace of Mohale's Hoek. Issues of inequalities came into the picture here because the migrating population has no jobs and thus no access to health services because services have to be paid for. This also put more strain on the hospital's OPD, hence a significant increase in the waiting time. To this effect, the site for construction of a health facility has been identified by the district authorities and a proposal is to be developed to secure funding for its construction.
- **Rehabilitation of the dump site:** Previous attempts by the then Motlejoeng local council to maintain the dump site were restricted by financial constraints and the dump site deteriorated. A different company is used every two months and these companies are not providing adequate services. Suggestions to improve the dump



Front: Unsorted waste at the dump site, ready to be set alight.
Background: Mountains of tin, ready to be recycled but no facility to recycle exists.

site include fencing the site to prevent scavengers, training the collection companies adequately, introducing a charge for collecting household and business waste, identifying a recycling company to reduce the amount of waste going to the dump site and securing an excavator for the district. Either the council can provide its own people or can outsource to a professional to oversee the management of the dump site so that collection and management are done efficiently in Mohale's Hoek.

- **Refurbishment and maintenance of the taxi rank/bus stop:** The condition of the taxi rank has deteriorated significantly in recent years. The area has become an unplanned market-place with makeshift shacks being used to sell products, alcohol, drugs and, in some cases, prostitution. The area does not have any hygiene facilities, no clean running water, no drainage system and poorly maintained and inadequate toilets, which are currently closed. The road quality also needs to be improved. The main solution identified was to construct a fully functional bus shelter with planned stalls for authorized vendors, provide hygiene facilities and remove the makeshift shacks.



Some of the shacks surrounding the bus shelter area, Mohale's Hoek, Lesotho.

- **Reclaiming the Manyeleng stream:** Several key water sanitation issues were identified in relation to Manyeleng stream. During torrential rains, this stream overflows into the whole township. This is an issue because the stream is being polluted by several factors, namely: people living and working in the nearby taxi rank polluting it, illegal dumping by local businesses, littering by local people and commuters, people relieving themselves directly into the stream, plastic waste, styrofoam and other waste being dumped there. Another concern is that this stream feeds a river that WASCO uses to serve the township with water and the level of pollution puts a strain on the water treatment efforts. A final problem is that people who cannot afford to connect to the WASCO water system use the water directly from the stream to drink, wash and feed animals and indirectly to drink as it feeds the springs downstream. The council decided that this was a prominent issue to tackle in this project.



An Environmental Health Officer points to the huge amount of waste in the currently dry stream, along a sign saying 'Keep Mohale's Hoek clean, don't litter'.

The election of a new Urban Council has renewed the interest in tackling the social determinants of health in the area. Based on the discussions of the Urban Council meeting it was decided that several interventions would be undertaken to clean up the stream. These included education campaigns targeted at different stakeholders, landscaping of the stream, plastic bag use reduction campaign, building of stalls and removal of shacks, and providing adequate hygiene facilities, recycling and waste bins. This is discussed in detail below.

4. Hypothesis

Increase in urban populations and unplanned settlements are putting a strain on services, which leads to increased pollution of surface water.

It is assumed that the increase in urban populations, which has been noted in several studies, is leading to a larger population relying on already strained services such as waste disposal and water sanitation.

5. Methodology

This section describes the step-by-step procedures that are planned and explains why they are being implemented.

6. Identification and meetings with stakeholders

Initially, a meeting was held in July 2012 with district officers and the identified stakeholders, namely: WASCO, Department of Environmental Health, Urban Council, District Council, Building Authority, Roads Directorate, Department of Education, Ministry of Trade, Correctional Services, Police Services and the National Security Service (NSS). Key health issues for the district were identified at this initial meeting.

A follow-up meeting in August 2012 took place with all stakeholders to discuss the identified health issues. The stakeholders identified suggestions and solutions and it was agreed that the reclamation of the stream was the priority area to be dealt with by this case study.

This led to the core team conducting a three-day meeting to identify the interventions to be carried out in this project. These interventions were divided into four phases to be carried out over a period of 24 months.

Phase 1: Allocation of bins, recycling bins and improvement of toilet facilities

The aim of Phase 1 is to put in place proper facilities to decrease the amount of people defecating into the stream and littering the area and the stream.

It was discovered that there were no bins placed around the stream. These had been removed as they were not being used appropriately, nor were they being emptied regularly enough. Due to the lack of bins, littering and dumping into the stream is rampant by people working in the nearby shacks, commuters and those visiting the shacks to buy products and services. There are toilets in the taxi rank area but they are not easily assessable due to the shacks and have been closed due to vandalism, which has led to people excreting directly into the stream.



Toilets at the bus shelter and around are currently not functioning and are locked.

The first priority is to get the Town Clerk to have the bins restored. The waste collection company will be contacted to ensure regular collection of the waste so that the bins do not become overfilled. Recycling companies in the country will be contacted to try to acquire recycling bin facilities for the taxi rank area. Finally, the Town Clerk is going to facilitate the reopening of the toilets and their continued operation and maintenance, including facilitating the fixing of taps to ensure running water by WASCO.

Signs to direct people to where the toilet facilities are going to be constructed. The maintenance of these signs and the toilet facilities is the responsibility of the Urban Council. The Council will pay for a person to take care of the facilities.

Key players for Phase 1 and their roles:

Environmental Health Division: Monitoring

Town Clerk: Restoring the bins, service provision and facilitating work

Waste Collector: Ensure collection of waste from public bins regularly

Urban Council: Dissemination of information, maintenance and upkeep of public toilets

WASCO: Maintenance of water supply to the public toilets.

Phase 2: Educational campaigns

Five different stakeholder groups were identified by the team to be targeted by the educational campaigns. These five groups are: 1) Urban Council; 2) Community; 3) Schools; 4) People occupying the makeshift stalls; and 5) Business owners including taxi operators.

The aims of the educational campaigns are:

- to discourage the use of the stream as a source of drinking water, as well as the unprotected springs to which the stream feeds into;
- to encourage the use of available bins and toilets;
- to educate people on the consequences of polluting the stream;
- to educate people on the Environmental Act and the prosecutions for offences;
- to discourage people from excreting into the stream;
- to discourage littering and dumping in and around the stream;
- to encourage the use of recycling bins.

1. Urban Council

A five-day waste management training course is to be conducted by the Environmental Health Division with the Urban Council and one of the nearby community councils. The purpose of this course is to educate the councillors on the issues of water and sanitation so that they can help disseminate the information to their communities. This training will be done using the Healthy Cities multisectoral approach to waste management. It will include a specific module on plastic, its risk and alternatives to be used, as plastic was identified as a key waste issue for Mphahle's Hoek.

Behavioural change communication materials in the form of a poster for their office and a pamphlet for them to give to community members will be produced and disseminated to the councillors to enable them to spread the water sanitation messages.

2. The schools

Under the umbrella of the school health programme, environmental health officers will visit the local primary and secondary schools to conduct an education programme on water sanitation and waste management. Environmental weeks will then be conducted in the schools where activities such as recycling will take place.

To educate those attending the tertiary college, a poster campaign will be organized and some information sessions will be conducted with the students. The college authorities will then be encouraged to improve its waste management facilities.

3. The business owners

An information evening session will be conducted with business owners, taxi and bus operators and a consumer representative. These information sessions will highlight the waste management issues in Mohale's Hoek and discuss the strategies being put in place which need the cooperation of the business owners. The topics of littering, dumping, plastic and recycling will be discussed. It will also be explained that those found to be breaking the environmental laws will be prosecuted. The laws will be explained fully so that the people understand them.

4. The community

Councillors and chiefs will be asked to organize community meetings in the various villages in the urban area. In these meetings the Environmental Health division will explain the water sanitation and waste management issues for Mohale's Hoek and discuss the strategies being put in place with the communities.

Billboards or large posters will be created and erected to educate the community on the water and sanitation issues in the urban area.

5. Those occupying the makeshift stalls/street vendors

These stakeholders are the key group to be targeted in this phase as they have been identified as the prime offenders of polluting the river. Once Phase 1 has been completed and there are bins and functioning toilets in place, the Town Clerk will call for a break in business so that those working in the stalls can congregate and be educated on the water sanitation and waste management issues. The provision of bins and toilets will be highlighted to the group and the plans to build proper market stalls in a further phase will be discussed. It will be explained that the area will be monitored closely and those breaking environmental laws will be prosecuted. Posters will be produced and displayed in public places explaining the dangers of dumping and littering and explaining the alternatives available.

Key players for Phase 2 and their roles:

Environmental Health Division - education and monitoring

Police - monitoring to maintain law and order and open legal cases for prosecution

Town Clerk - Calling of meetings

Urban Council and chiefs - Call community members to village gatherings

School authorities - for allowing access for EHO and conducting environmental activities.

Phase 3: Plastic bag-use reduction campaign

Aim:

- Discourage the use of plastic bags in the district;
- Encourage the use of alternatives, such as paper bags and reusable bags;
- Educate the Urban Council so that they can lobby the central government to bring in legislation for the control of plastic bags, e.g. introduction of a charge;
- Encourage the proper disposal of nappies and sanitary pads.

Local business people will be called to an information session about plastic, its risks (especially when burnt) and alternatives available. They will be encouraged to use alternatives, such as paper bags, and companies who cooperate will be awarded a health conscious award sticker to put in their windows. These businesses will be visited and monitored to make sure they continue to use alternatives to plastic.

A meeting will be held with the Urban Council to discuss the use of plastic in the district and to encourage them to lobby the central government to get a national legislation for the control of plastic bags enacted. The Environmental Health division will assist in producing the proposal from the Urban Council for the central government.

The Environmental Health division will develop a slogan that best captures this campaign. This slogan will be used throughout the campaign. Reusable bags will be designed with the campaign slogan on them and disseminated to the local businesses to give to their customers over a promotional period.

As part of the plastic campaign, a clean-up campaign of the stream will take place to remove the plastic, styrofoam and other waste materials. As adequate bins and toilet facilities have been provided in Phase 1 and people have been educated about littering and dumping in Phase 2 it is felt that Phase 3 would be the appropriate time to clean the stream as the danger of re-polluting would be lower.

An education campaign targeted at women will take place to discourage the dumping of nappies and sanitary towels into the sewage systems as they cause blockages. Public gatherings with specifically women will take place where discussions will be held. It will be encouraged to use sanitation bags to wrap this type of waste. The local businesses will be encouraged to supply these bags in their shops. Dumping of nappies illegally in public will be particularly targeted and people will be educated that illegal dumping will be prosecuted.

Media/press conferences will be held to promote the opening of the campaign, stress the use of alternatives to plastic, and advocate for national legislation for the control of plastic bags. The Ministry of Health and the Ministry of Environment will be invited, along with local councillors and MPs.

Key players for Phase 3 and their roles:

Environmental Health Division - creation of slogan, education, production of reusable bags, creation of stickers/posters for health conscious award

Urban Council - lobbying with the central government, facilitate the cleaning of the stream
Local businesses - reducing the use of plastic, distribute reusable bags, and supply sanitation bags
Media - to provide coverage of press conference.

Phase 4: Renovation of the taxi stop/bus shelter area

Currently, makeshift stalls have been erected around the bus stop and are being used to sell products, drugs, alcohol and sometimes prostitution. These shelters are also being used for accommodation purposes. A covered bus stop will be built with space for structured stalls that can be rented by vendors. Once erected, unplanned stalls will no longer be allowed in the area.

An inventory of the undesirable structures will be taken to establish the amount of space needed in the new structure for market stalls. This will be carried out by the Urban Council.

The new structure will be designed with inputs from the relevant stakeholders who will be invited to attend a development workshop. A study of the existing successful structures in South Africa, such as the one in Bloemfontein, will be undertaken and this will feed into the development workshop and development of the design of the structure. Key environmental aspects, such as running water points, toilet facilities, etc., will be identified and included in the plan.

The Urban Council will facilitate the construction of the new bus stop structure. It will be the responsibility of the council to rent the marketing stalls to vendors who are selling authorized goods and products. Once a space has been rented, the officer in-charge will hold a briefing session. In this session, the vendors will be oriented to the facilities available, have their responsibilities in relation to waste management and sanitation explained, and be educated on the regulations and acts relevant to the space.

The Urban Council, with advice from The Environmental Health division, will produce a set of regulations for the space, including fines and punishments. The officer in-charge of the bus shelter area will enforce them.

Once the new structure is open and becomes functional, the owners of the makeshift shacks will be given a set amount of time to remove the structures. After that period, the council will remove the old structures to the dump site with assistance by the police where necessary. No new structures will be allowed to be erected in the area. The police will enforce this. Mobile vendors will be allowed to continue to work in the area provided they do not construct any structures and use the available litter and toilet facilities.

Key players for Phase 4 and their roles:

Urban Council: Take inventory of the existing structures, facilitate the building of the structure, create regulation, conduct study of other shelters, facilitate the structure development workshop with stakeholders, and pay and deploy people in positions for maintenance and security

Environmental Health Division: Support the structure development workshop and support the development of regulations

Police: Maintenance of law and order

WASCO: Ensure that running-water points are part of the structure and maintain the running of the water

LEC: Take part in the design meeting and make provision for lighting.

Phase 5: Landscaping of the stream into a green zone

Individual properties are encroaching on to the stream and affecting the flow of water. This, alongside the waste in the stream, has contributed to the stream flooding the area. Now that the waste has been removed and dumping has been targeted and reduced, the level of flooding can be monitored. If flooding continues, the Urban Council may decide to do something about these properties.

The Council will facilitate the engagement of an expert to design a landscape plan for the area, incorporating inputs from relevant bodies such as the Ministry of Forestry. This plan will include planting of grass, flowers and ornamental trees, removal of obstructive wild trees and placement of benches. This area will then be used by the community as a green area, monitored and maintained by the Council. People misusing the area will be fined. Bins will be placed to assist appropriate dumping. WASCO will also provide running-water points along the stream.

Several billboards stating that it is a green area and promoting recycling and proper waste management will be erected.

The area will be fenced and monitored by security put in place by the Council. This is to discourage people from bringing animals to graze on the land.

The green area will be officially opened by relevant authorities and this will be attended by the media.

Key players for Phase 5 and their roles:

Urban Council - Facilitation of designing a landscape plan

Environmental Health Division - Development of billboards

Forestry and Land Reclamation - Advise on the planning of green area

WASCO - Provide and maintain running-water points.

7. Evaluation and indicators

The evaluation of each of the phases will be done by looking at the key indicators as follows:

Phase 1 - For Phase 1 to have been successful, the public toilets must be renovated, opened, marked and maintained continuously. Sufficient numbers of bins need to be provided and emptied efficiently. This phase will be monitored every month by the Environmental Health Division to see the progress made.

Phase 2 - Pre and post questionnaires will be used with the groups taking part in education training sessions. Monitoring of litter in the community and along the stream will be done post the education sessions with the community.

Phase 3 - Conduct visits to local businesses to see if they are limiting the amount of plastic they use and to see if people are bringing reusable bags with them. See if the Urban Council has written to lobby with the central government.

Phase 4 - A fully-functional bus shelter market area will be in place and environmental factors will have been considered in its development; people will be observed if they are following correct waste management and hygiene practices by regular visits of the Environmental Health Division; regulations will be in place and being enforced.

Phase 5 - The area will be maintained; waste management staff and visitors will observe hygiene practices; the Council will have put someone in charge to maintain and monitor the area.

Overall, the project will be evaluated by the level of waste in the stream once all the five phases are completed. If waste continues to be put in the stream, Phases 1 and 2 will need to be revisited.

8. Timeline

Initially, it is proposed to conduct this study over a two-year timeline. The provisional timeline is as follows:

Phase 1 - Months 1 and 2

Phase 2 - Months 1- 3

Phase 3 - Months 4- 7

Phase 4 - Month 6 (design 4 months, administration 3 months, and 6 months for construction)

Phase 5 - Months 19-24

This timeline is dependent on funds being available for each phase.

9. Implementation

In the month since the Urban Council's Phase 1 has begun with the bins being put back in place and emptied regularly, recycling companies have been contacted and plans to renovate the toilets are in place and await funds. Phase 2 has begun, with the Urban Council's five-day training being conducted and plans to conduct the education sessions with the other stakeholders in place.



Urban Council members taking part in a week-long waste management training being conducted by the Environmental Health Division and the Department of Environment.

10. Key lessons and the way forward

The Mohale's Hoek Urban Council's budget is an issue. The Council is yet to be provided with this year's budget. Although solutions to issues from Phase 1 have been included in their budget, they currently do not have the funds and this has delayed the completion of that phase. It is hoped the Council will get the funding soon and be able to implement the remainder of Phase 1.

Poverty reduction seems to have taken precedent over recruitment of qualified people to carry out services such as waste collection and management. This has led to a decrease in the quality of service being provided. This issue will be corrected through the education session in Phase 2.

Waste management in the area is a serious issue. Currently, the collection companies are separating nappies from the general waste and leaving them on the side of the road. In addition, management of the dump is below par, with a monitoring visit revealing rubbish, including medical waste and asbestos pipes, outside the dump boundary. These issues will be tackled in the education sessions of Phase 2 and of Phase 3.

Although authorities were enthusiastic and an oral commitment to solving the issues was given, it was revealed later that key stakeholders were unable to fulfil their commitments due to various factors, especially lack of funds. It is therefore, concluded that in future after oral commitment has been given, written commitments be obtained from relevant stakeholders so that it can be assessed as to what provisions are available for projects like this.

Update: During the five-day waste management training, health education on proper waste management and counselling should be given to the shacks' owners, street vendors and taxi drivers. This should be followed by re-placing of the waste bins.

The cleaning companies should be monitored regularly to ensure that they clean their entire assigned area. Cleaning companies shall be trained on waste management. Some shacks should be removed to clear the space to the toilets. The Council must repair and

open the public toilets as soon as it gets money and increase labour at the dump site and provide 24-hour security. Appropriate fencing should be provided for the dump site so that burning of wastes will stop. The Council should engage recycling companies in order to minimize the amount of waste going to the dumping site.

The Council and the Environmental Health Division committed themselves to counsel and educate the shacks' owners on waste management starting from the third week of September 2012. The Town Clerk promised that the activities, which did not need money, would be executed as soon as possible while activities such as maintenance of toilets and others will wait for funds.

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