Communication and Appropriation of Autonomous Sanitation at Girgo, A Village of The Urban Commune Of Kombissiri, Burkina Faso

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Abstract

The access of familial sanitation in Burkina is globally marginal. The question raised is a public health problem in rural areas where local practices are confronted to the finiteness of the bush and the necessity of adopting modern norms regarding that. Despite the diversity of actors and tools, the current active communication processes deserve to be formalized and to be led by projects leaders having a competence. That is normally the role of local associations in partnership with all the stakeholders to forge in the interaction a culture of consultation and to ensure the consolidation of a local demand regarding autonomous sanitation.

Keywords: autonomous sanitation; association; communication; change

Introduction

Water and sanitation domain in Burkina Faso are marked by a diversity of different actors and according to different mode of actions. The government is the first and the main actor, next are the NGOs, the international institutions and some technical and finance partners. Since the application of the law about decentralization (MATD, 2004), eleven (11) areas of expertise have been transferred to the communes, in which we have water domain and sanitation one. Communes are the pulse areas of local development, either they are urban or rural, they should ensure the project mastery in terms of drinking water supply and sanitation. That institutional change comes as Burkina Faso endorsed the millennium development goals (MDG). The objective of MDG creates conditions to the access of populations to drinking water and basic sanitation. In December 2006, Burkina Faso government has adopted the national program of drinking water supply and sanitation (PN-AEPA). This program aims at «reduce by the half, the proportions of people in rural areas who don’t have suitable access to drinking water and the basic sanitation service» (PN-AEPA; 2006 : 15). In other words, the challenge is to give drinking water to «4 million of additional people» in rural area, which will increase from 60 % in 2005 to 80 % in 2015. In the same sense, the PN-AEPA wants to «get the access to sanitation increased from 10 % in 2005 to 54 % in 2015», that is to say, 5,7 millions of people: in urban areas, the objective of PN-AEPA is to give suitable access to drinking water to 1,8 million of people on the area of 56 centers that will be managed by ONEA the year 2005+ (PN-AEPA : 2006 : 29) while the access to sanitation will be 2,1 million of people , that is to say 57% in 2015 whereas that rate was 14% in 2005. Moreover, the PN-AEPA gets benefit from objectives factors that are the adoption of the strategic framework of poverty fighting; the adoption of PAGIRE; the signature between the agreement memorandum and the government/PITF water and sanitation to support the implementation of PN-AEPA in January 2007; the adoption of the national politics and strategic document of sanitation in July 2007; the joint approach with all the actors of the sector for the implementation of the program, the adoption of a strategic plan of communication for the government/PNCD in 2000; the reinforcement of private sector actors capacities in the domain of the drinking water and sanitation, the will to acquire a PSC from PN-AEPA. In spite this legal arsenal, the multiples efforts of the government, the technical and financial partners support and the NGO’s support in the domain, the millennium objectives for development (OMD) in the sector are far from being reached in 2015 deadline. Family sanitation remained a very marginal phenomenon in Burkina Faso.

The general objective of the first national survey about the access of households to family sanitation (ENA-2010) was to get its efficient statistic data in the national level, regional and provincial level. The results of that survey showed that only 3,1% in the national level of the families have access to familial sanitation. This rate, inferior to the estimations of the year 2005, hides an important disparity regarding the area of habitation. So, about 1/4 of urban houses and less than 1/2 of rural houses have access to familial sanitation. The use of nature as toilets is widespread in Burkina, it affects 6 households over 10. Yet, the situation is radically different according to the habitation place. In rural area, 8 households over 10 don’t use lattes, while it is the opposite in urban area. There, in fact we have 9 households using lattes (Figure 1) over 10, whatever the type of latrines. Although the defecation practice subsists in urban area, it is essentially rural. Such a situation deserves an explanation going through an empirical observation. If we have diverse participants in this activity field, they raise social relationships aiming at allowing the application of regulative measures, the adoption of daily practices, to ameliorate populations’ life conditions. We are getting in the communication field as a multi actors and multi tools process of communization around precise objectives. It constitutes the cement of social relations around the process of social transformation. How to understand its importance and its range in a rural context with a problematic: the link of populations to the autonomous sanitation?

Methodology

In its big parts, the methodology presents the study area, the type of method and the collected data analysis. The study area and the survey targets

The surveys were done in the village of Girgo and the downtown of Kombissiri (Figure 2). At Girgo, the surveys considered the whole population of all social categories of the society. The first category is the domestic household as a unit that makes sense in such a reflection about autonomous sanitation. We deserve to question about the presence or not of toilets in a household, to understand the social logics and implications. In the household, the survey has involved men, women, and young people (girls and boys). One of the criteria for the interview is the alphabetization level of targeted people; in the fact that the alphabetization can have an effect on populations’ behavior regarding an innovation.

A certain number of specific groups have been questioned: traditional leaders (villages chiefs and land chiefs), religious leaders, local associations, NGOs working in the commune or particularly in the village, decentralized technical structures, the different civil servants especially teachers, health agents, agricultural and environment agents, etc. Those specific groups are value and norms holders and they can individually influence the behavior and local populations mentalities. Their contributions in every communication process involving behaviors and mentalities are a necessity; that’s why those groups have been interviewed during the field survey.

At Kombissiri, county town of a commune, the survey has affected actors like the municipal counselors especially the sanitation focal point of the commune of Kombissiri, the political actors and intermediaries between the commune and the populations of quarters and villages. The political actors are also the key persons in the decision-making regarding developmental action. The leaders of the decentralized structures of the government, prefect, high commissioner, being the representatives of the government, and bearers of speeches and the official ways of practice. The respect of the law goes through the expression of those official ways of practice into actions on the field, by also ensuring that the local populations have a good comprehension of those official norms. In which case, they should assure to understand and to know really the area before engaging every change project.

Those actors are illustrated here as indicator. During the survey, others strategic actors dealing with the question, can be considered in the survey. This depends on the interest of theirs discussions about the problematic and about the efficient solutions in communication.
Girgo is one of the 23 villages that counts the commune of Kombissiri in the region of south-center. It is far from about fifty km in the south-west of Ouagadougou, Burkina Faso capital. The territory of Girgo is included in the vast province of Bazega. In the village of Girgo, access to the autonomous sanitation is one of the very low in Burkinabé. It means less than 1% (ENA 2010). Regarding this fact and the vulnerability of the population, the need for public health problems and having a link to environmental problems. These public health problems come up through different hygiene and diarrheal diseases, and can have several economic consequences. The public health problems in the village of Girgo, province of Bazega, are mainly caused by the lack of access to autonomous sanitation. The results of the field survey show that the majority of the rural populations are aware of the link between their health conditions and the environment. In particular, the village is composed of many spaces. First, we have the domestic or the habitation space, the space of the production or the agricultural space, the space of the conservation or the forest space. Each of these spaces is composed of the ating and/or the collection. The collection of the wastes products by human that cannot be kept in the domestic space, except the defecation of children in the latrines. Really, we don’t have any choice than build latrines for our needs. In past, we had just and only the natural bush that we used to go to toilet. Today, it is the latrines that we use. It is the latrines that we use to go to toilet. But, it is not only the latrines that are used. We also use the bush. The people of Girgo use the bush to go to toilet. The bush is the place where adults go to toilet. The defecation is part of waste nature and the latrines as (toilets) places to use… that's why the survey is qualitative and carried out through semi-directive interviews, individual and groups interviews. An interview guide on the survey objectives has been made and distributed to all the interviewees. The interview guide was designed to ensure the coherence of the results. The interview guide was designed to ensure the coherence of the results and to guide the interviewers. It was pilot-tested in a small group of interviewees before being used in the survey. The data collected in the survey were processed in several steps. The first process was the counting. This consisted to classify systematically the answers given by the interviewees. Then, the answers were grouped by thematic. By sharpening and reducing the thematic, we succeed in doing a thematic analysis. The thematic analysis was done through a set of coding categories. The coding categories were designed to capture the different aspects of the phenomenon studied. The data were then analyzed through the coding categories. The coding categories were designed to capture the different aspects of the phenomenon studied. The results of the survey show that the autonomous sanitation constitute a public health problem observed in the village of Girgo. In its responsibility, the communication is like a modality action that allows to notice the presence of latrines, their use as well as places that populations use for that purpose (nature, latrines).

Data collected and analysis.

Data collected have been processed in many steps. The first process was the counting. This consisted to classify systematically the answers given by the interviewees. Then, the answers were grouped by thematic. By sharpening and reducing the thematic, we succeed in doing a thematic analysis. The thematic analysis was done through a set of coding categories. The coding categories were designed to capture the different aspects of the phenomenon studied. The data were then analyzed through the coding categories. The coding categories were designed to capture the different aspects of the phenomenon studied. The results of the survey show that the autonomous sanitation constitute a public health problem observed in the village of Girgo. In its responsibility, the communication is like a modality action that allows to notice the presence of latrines, their use as well as places that populations use for that purpose (nature, latrines).
and public health doesn’t mean an automatic adoption of rules. The awareness is only an opportunity, a favorable condition of reception of all change of speech. This requires communication as possibility of building cultural communication becomes a deciding issue. Discussions. The pedagogical role of the communication in the adoption of some innovations in rural area.

Communication on autonomous sanitation Right now, the communication processes about autonomous sanitation in rural area in Burkina Faso goes the approach is to show that health is. For that reason, the ambivalences of the economic reasons would deserve to be minimized because they are in sharp contrast with the field reality. What is puts on is the necessity of a field survey results have shown that the appropriation by rural populations to autonomous sanitation is a challenge with many variables. This adoption would allow to resolve at the same time a general problem of public health, to care about a normative problem linked to the perception of intimacy and shame.

...the República are not adopted if we know that an institutional pluralism (Sebahara, 2004). The adoption of these new norms are an imperative, so that the communication in practice, is a current challenge, an urgent contemporary preoccupation. The fact is the capacity of making people change their habits is the determining factor. Communication, here, is an intervention mode. Those who change, those who do not change, those who accommodate themselves to the norm, those who resist, do not resist for no reason, they resist for a reason. The reason is the perception of the economic and financial insufficiency of finance resources are evoked to justify where the priorities of the rural populations of Girgo are, now, and what are the reasons that make them resist.

In any case, the majority of the interviewees tell us that the relationship between health and financial problems are very close. In the Republic, the lack of money is a structural problem. In the context of autonomous sanitation, the lack of money is a practical inconvenience. The mobile phone diffusion time are reduced. In any case, the majority of the interviewees telling places the structuring role of associations in the communication processes about the autonomous sanitation in the village of Girgo. The assistance need expressed...
Conclusion
In the village of Girgo, in the urban commune of Kombissiri in Burkina Faso, the autonomous sanitation is a public health problem. Its management is confronted to local perceptions of the nature as the container of human wastes, but also the notion of shame about going to toilets and also the economic difficulties mentioned. Fortunately, the populations are aware of the disappearing of the bush. That awareness and the notion of shame constitute an opportunity to set clearly, with insistence the necessity of change in a changing social context. The functional role of communication is noted by the informers. For the time being, that rural communication tools are progressively to activate construction mechanisms of a local demand regarding sanitation. For that, it is the critical work to do, and to explain the practical goals are pertinent and performant speech transmission and learning, common values, in a changing world (Callon, Lascoumes, 2001). The combination of these tools for a same objective should be realized in an integrated approach in which they would be in a certain functional complementarity and interdependence more than a concurrently one. All the actors concerned by the question should be in a dynamic co-construction process, co-production of norms and of collective values, of co-decision and the collective pertinent idea of reformulation of a local demand in infrastructures and in adapted services about hygiene and sanitation. The practical goals are pertinent and performant speeches were made.

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Indicative Bibliography


This is essential in the creation and the support of the social ties, and fundamental dimension on the inter comprehension between different actors. How to conciliate it to the actors, to a common cause and to the implementation, even the local appropriation of autonomous sanitation.

Local associations, key people of the local mobilization (Teisserenc, 2006), in collaboration with the different local actors should construct device and communication actions to ensure the local implementation of the norms. Those device should base on multi-stakeholder and multi-tools processes for a participative approach (Bouzon, 2002) of the question and implement it in a dynamic of consultation (Lazarev, Arab, 2002), and of negotiation in a changing world (Callon, Lascoumes, 2001). The combination of these tools for a same objective should be realized in an integrated approach in which they would be in a certain functional complementarity and interdependence more than a concurrently one. All the actors concerned by the question should be in a dynamic co-construction process, co-production of norms and of collective values, of co-decision and the collective pertinent idea of reformulation of a local demand in infrastructures and in adapted services about hygiene and sanitation. The practical goals are pertinent and performant speeches were made.