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CIVIL SOCIETY INVOLVEMENT IN PROVISION OF SANITATION SERVICES: CASE STUDY OF KINGUGI, DAR ES SALAAM

M .J.Mulagwanda¹

- (1) Peoples Voice for Development (PEVODE), Tanzania, P. O. BOX 33276 Dar es Salaam, Tanzania, email: mulagwanda@hotmail.com

ABSTRACT

Dar es Salaam has approximately four million people of which around 70% live in what may be termed as informal settlements. Sanitation service delivery to the poor in Africa's large cities requires a special approach due to the challenges presented by unclear land tenure, unplanned layout, overcrowding, lack of accurate data, a historic lack of political will to serve the poor. The involvement of women and girls is crucial to effective sanitation projects. Women also have the responsibility for environmental sanitation and home health. The complexity of these challenges coupled with the magnitude of investment required means that utilities should be at the centre of sanitation expansion and complimentary service can be offered by non-governmental organizations (NGOs) or the private sector to serve the poor. When responsibilities on sanitation are unclear, it is difficult to track the flow of resources into the sector and measure results. Progress monitoring remains weak and makes the sector vulnerable to corruption. Ineffective regulation, pollution and inadequate or poorly designed sanitation can lead to the destruction of valuable drinking water resources. Utility staff members are trained in a traditional (largely top-down) planning paradigm and are unaccustomed to neighbourhood agreements. Active community participation is essential to building an empowered community. This paper looks at the non-state actor involvement in provision of sanitation services.

Keywords: Community Participation, Gender Mainstreaming, Good Governance, Non-State actor Participation, Pro-Poor Strategy

1. INTRODUCTION

Sustainability of community water supply and sanitation largely depends on the extent the user community is committed to plan, implement and manage the facility. The prerequisite for participation requires the users should be owners and managers of the system. It is within this context that WaterAid launched a water supply and sanitation project in communities that need improved water supply and sanitation services. The project objective was to improve services to low income (Pro-Poor) communities by implementing community-based and managed projects in Kingugi sub ward in Mbagala ward (population: 75,000), Temeke Municipality, Dar es Salaam Region, Tanzania. Kingugi residents in Mbagala ward intended to alleviate poverty through tackling water scarcity and improved sanitation. The impact is primarily felt by the poor families who pay high prices for sanitation services.

Kingugi Project was needs driven and the request for sanitation came from the community itself. Other factors that qualified the project were outbreaks of water borne diseases in the area and the fact that WaterAid, an International NGO, was already running projects in the district and had experience in similar projects. There was a base line study before the project took off. In the base line study it was found that 60.7% of people had traditional pit latrines and 39.3 % had ventilated latrines. The distances to facilities ranged up to 500 metres for 17.3% of the respondents; between 500 metres and 1000 metres for 53.3% of the respondents and more than 1000 metres for 29.3%. It was also apparent that the latrine was also the bath place for all of the respondents. The methodology adopted highlighted social economic issues to be considered in planning, implementation, monitoring and evaluation of the proposed water supply and sanitation projects. People's Voice for development (PEVODE) founded in 2001 is a local community-focused poor peoples' organization comprised of socially active individuals drawn from informal neighbourhoods in Temeke District. The organization was formed as an umbrella of 40 members geared towards bringing poor communities together to deal with their own developmental challenges, particularly those related to health and sanitation. PEVODE was responsible for the implementation of the project.

2. BACKGROUND

Kingugi a sub ward of about 7000 inhabitants is about three (3) kms from Kibondemaji "A" to the west in Mbagala Kuu ward. It has four hamlets: Ngamba, Dumbarume, Kwa Mnyani and Kilungule. The people are cosmopolitan in that they hail from all parts Tanzania, some originating from Zanzibar and Pemba. Kingugi is a recently settled and flattish area and characteristically a squatter settlement. The Kingugi community suffers from poor hygiene practices. However, there are several opportunities such as potential for affordable technologies, commitment among stakeholders; willingness to pay for sanitation services and environment is fit for new infrastructure, opportunities to train the communities in new approaches in hygiene and child to child clubs in schools (peer education).

3: PRACTICE DEVELOPED

A proposal was developed by WaterAid and shared with the community. Design of the project was drafted and cost estimates presented to WaterAid. PEVODE, acting as WaterAid partner, was tasked for start-up of the project. The community members were trained in good health practises/hygiene by adopting Participatory Hygiene and Sanitation Transformation Approach (PHAST). The previously existing sanitation committee provided coordination for the community labour in terms of manual work. This was achieved through the following success factors;

- The proposed sanitation projects were purposely linked to other community needs such as clean water, education, good environment that aim at reducing poverty and improving livelihoods, including stimulating communities to address other felt needs and formulate their own community action plans
- Promoting income generation activities such as farming, small scale trading and other entrepreneurship, savings and credit schemes and locating any other external sources such as saving and credit schemes, grants and donor funds would enhance their capacity to sustainably operate and maintain their water supply facilities.
- Community capacity building was carried out by Water Aid and Municipality through training workshops and onsite demonstration in order to enhance community's competence to manage their projects efficiently. Also this process enabled them participate fully in the process of project implementation.
- The communities were assisted to establish legal and organisational frameworks for the proposed projects. This included formulation of Constitution for Sanitation Users Association, leadership codes, financial regulations. Sanitation Users Associations which are

the lowest institutional bodies in communities responsible for sanitation issues, decided on the essential options and requirements for operating and maintaining sanitation services.

- There was a purposeful gender mainstreaming that addresses their social and economic needs as much as possible.
- These groups should be integrated in various administrative positions to enable them have equal participation in determining direction of projects and enjoying the benefits accrued from the same, particularly in leadership and training in all stages of the project circle.
- A community based training plan was developed to include community leadership training, fund management and other technical skills.

4: MAJOR DRIVERS OF THE PROCESS AND SUCCESS

- There is willingness to pay for sanitation services among the key stakeholders and monitored by the Sanitation Users Association
- The beneficiaries have ownership of the pit latrines
- The training component (good health and set-up of the Sanitation User Association) is quite elaborate. Especially the Child to Child education is innovative.
- The technology used is not state of the art (simple) and thus easy to adopt and maintain.
- It is stipulated in the Tanzanian Sanitation policy that beneficiaries should contribute.
- The registration of the Sanitation User Association complies with the by laws of the municipality.

5: RESOURCES

The implementation of the scheme began in October 2006 and ended March 2007 with a maintenance period on the part of the contractor running up to June 2007 and monitoring and evaluation (M&E) running up to October 2007. The coverage area was 6 square kilometres predominantly peri-urban and the project had a budget of USD50, 000 out of which the community contribution was USD 5,000 (10%) plus labour. Kingugi communities expressed a greater sense of concern and readiness. This is evident in the funds raised so far. Whereas Kingugi community members have raised 700,000 shillings, out of the anticipated 2,500,000 shillings as their contributions to the sanitation fund. The people are continuously contributing towards the fund. Thus fund arising activities were planned to meet the set targets.

6: SUCCESS

Qualitatively a large proportion of the households in the communities indicated clearly that the improvement of sanitation in their communities would greatly benefit them in many ways. These include positive benefits, which include both long and short-term benefits as follows:

- Reduced incidences of waterborne diseases.
- Improved hygiene practices e.g. regular bathing and washing of clothes.
- Reduced incidences of social conflicts associated with poor health and hygiene
- Improved economic situation due to reduction of health treatment costs
- Working together
- Gender mainstreaming
- Children as agents for behavioural changes

7: COMMUNITY AWARENESS AND PARTICIPATION

Kingugi communities expressed a greater sense of concern and readiness. This was evident in the sanitation funds raised thus far. Being aware of the severity of the sanitation problem confronting them, members of the community are eager to take advantage of opportunity offered by WATERAID to alleviate their predicament by not only contributing a certain percentage but also their readiness

in contribution for the service in the community of 7000 inhabitants. They know very well that operation and maintenance (O &M) are costly.

8: FORMATION OF HYGIENE PROMOTION TEAM

Community meetings were conducted to form community hygiene promotion team at Kingugi community. A total number of 107 participated in these meetings. The formation of hygiene promotion team was done based on zones where by three people from each zone were elected based on gender (female, male and youth), making a total number of 12 people. This team worked hand in hand with the community members in identifying key factors in hand washing; mapping the sanitation coverage at household level, identifying toilet/ latrine technological options like Ventilated Improved Latrines and Ecosan toilets.

9: INNOVATION

The training component (good health and set-up of the SUA) is quite elaborating especially the Child-to-Child education. The child to child approach of hygiene education is based on the belief that children not only need to keep healthy themselves, but can often be highly influential in promoting the good health of others. Groups are therefore organised for such children based on enjoyable activities they would otherwise have no access to such as football, netball, drama, choral singing, traditional dance and drawing, into which hygiene messages are skilfully woven. Recognition of women & children is principle into the project. It has a gender sensitive approach. The technology used is not state of the art (simple) and thus easy to maintain and extend.

10: GENERAL LEARNING

- Community members should be prepared to receive the project. In this regard efforts should be made to carry out education and sensitisation programmes that will enhance understanding of communities on WaterAid's new approaches and concepts as part of replication.
- The communities should be made to understand and accept their roles and responsibilities as owners of and managers of the project.
- Community's awareness and concern about their problems related to sanitation should be taken as stepping stone for mobilizing them to participate actively in the improvement of water supply systems which was also another sub project.
- Community participation means that communities should take full charge of managing the projects. This means that the entire members of the community including women and the less disadvantaged should be practically involved in making decisions at all stages of project inception, implementation and monitoring.
- Guaranteed sustainability of the projects will largely depend on the type and level of services communities are prepared to pay for in terms of contributions at an average of Tanzania Shillings 10,000 (4.74 euros) towards both construction and capital investment and operation and maintenance.
- In order to assist the management of the projects it is suggested that a simple and practical management manual is developed in which operational guidelines such as financial administration and reporting, roles and responsibilities of which involved stakeholders and by-laws are stipulated. This would enable management to become transparent and accountable.

- The sub-projects might require services from private sector and non-state actors, which include a range of individuals, organisations and companies such as cement manufacturing, plastic pipe, and roofing materials. These entities would need to be oriented to their new roles and responsibilities in the water supply management. A training programme would be very essential to ensure cost-effective minimum standard of work.
- Training programme in community management skills, advocacy, participatory planning and financial recording and reporting to various cadres at the community level should be given top priority during planning and implementation of the sub-projects.
- Regular backstopping and follow-ups from the district team in collaboration with WaterAid and service provider are recommended all along the sub-project cycle.

11: CONCLUSION

The civil society processes of Dar es Salaam have been rather confusing and difficult to assess in terms of their likely impact on the poor, or indeed their impact on anyone. This will not be resolved until decisions have been made and publicised by the government on key issues relating to the Lease and Development Contracts, and how these will be managed and later how investments will be recovered. What is clear is that currently many of the solutions are present within the communities themselves and the option of building community capacity that exists should be exploited in order to ensure that the process benefits the poor. This can only be done if information is made freely available, so that all residents are able to respond to the plans. In doing the participatory research exercises, enumeration, community mapping, is not just to extract knowledge from the communities, but to lay down the basis for what could be possible collective actions to deal with impending changes in roles and rules in provision in the city after the enactment of the new sanitation policy.

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