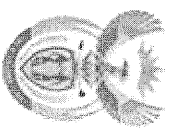


Social mobilisation and community development

**DST Presentation, 15 July
2009**

Dr David Hemson

**Accelerating Sustainable
Water Services Project,
DST/CON 0002 1/2008**



science
& technology
Department:
Science and Technology
REPUBLIC OF SOUTH AFRICA

CSIR



water & forestry
Department:
Water Affairs and Forestry
REPUBLIC OF SOUTH AFRICA

Social Science, Water and Forestry



HSRC
Human Sciences
Research Council

HSRC RESEARCH OUTPUT 1

5942



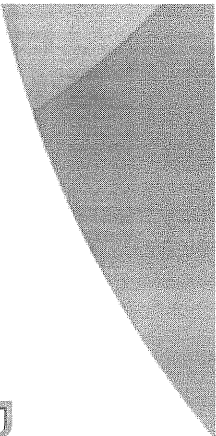
Summary points on progress

- Progress has been at a reasonable level; important issues in *acceptability*; social mobilisation more or less on course and now being accelerated;
- Challenges as not all sites appropriate to CWS;
- Acceptability issues – questions about exact technology, often long distances from river;
- Training / development of manuals from March and service provider being engaged to complete villages;
- Baseline survey being undertaken followed by impact assessment;
- Task Team working well and conducting Community H&H promotion with Prov DOH;
- Eagerness from first village to see implementation.



Objective and impact

- Identified problem: Relatively isolated poor rural communities without water services are vulnerable to illness from unsafe drinking water.
- Objective: Communities are to be provided with access to Safe Drinking Water to improve health and well-being.
- To accomplish this, the project undertakes community mobilisation to promote health and hygiene.
- Technological interventions bring Safe Drinking Water to households.
- The Project will achieve health impact and alleviate poverty through a decline in deprivation and improvement in health and wellbeing.



Terms of reference

Provision of Safe Drinking Water through:

- Identification of 3 implementation areas within the rural DM.
- Development of a locally produced, **small scale household water treatment unit**.
- **Social acceptability** of the project followed by **community mobilisation**.
- Conceptualisation of a single low-cost, low tech treatment facility (**Communal Water Station**) at the water source.
- **Hydro-geological** assessment of boreholes and aquifers integrated into a water management plan for both identification and monitoring.
- **Cost analysis** and technology screening
- Identification of a **consulting engineer** for design and implementation of a communal water station.

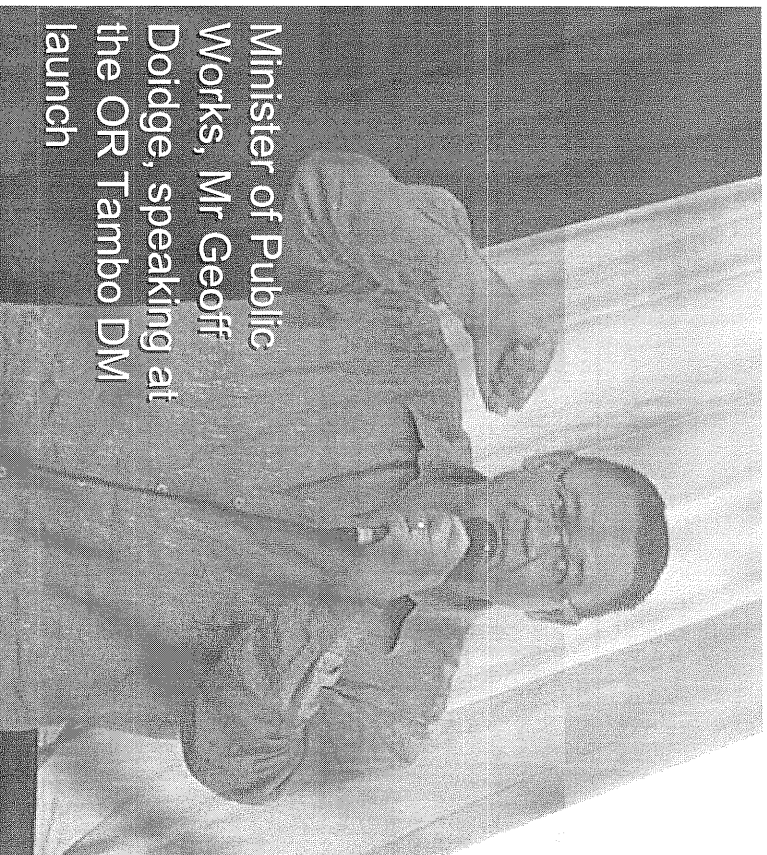
Extreme conditions in Mnxekazi and many villages



Councillor Nqukhwe points to the turbid waters of the Mzimvubu River and indicates the height and the long distances between houses and water in Mnxekazi, Eastern Cape.

Human sciences that measure a different world

Launch 21 February provided favourable conditions for networking inter- agency coordination



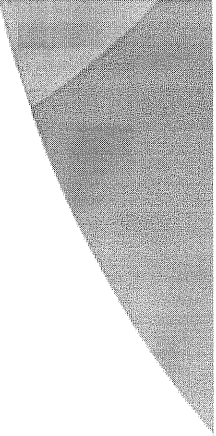
Minister of Public Works, Mr Geoff Doidge, speaking at the OR Tambo DM launch

- Launch brought prominent national, provincial and local officials together;
- Discussions held with DOH provincial officials, Nutrition, and the local clinic;
- Other linkages with the headmaster and teachers;
- DM mayor, LM representatives, O&M officials, etc



Activity / task

1. *Implementation Plan & Identification of Implementation Areas*
HSRC
2. *Social Acceptability*: HSRC
3. *Community Mobilization & Participation*: HSRC
4. *M&E Promote & Replicate*: HSRC
5. *Water Quality Monitoring*: CSIR
6. *Household water treatment*, CSIR
7. *Hydro-geological Assessment: Borehole Management*: CSIR
8. *Communal Water Station*, CSIR
9. *Technology, Implementation and Cost Assessment*: ORT DM
10. *Scientific Papers and Reports*: HSRC



1 Implementation plan

- **Outcome sought: Excellent cooperation and coordination established between agencies involved to successfully implement the project**
- **Project Steering Committee** involving key personnel from the OR Tambo DM was convened on 28 January 2009 in Mthatha; since then have been in frequent communication.
- A **partnership meeting** between the two scientific bodies took place early in the project and communications.
- The **criteria for selection** have been established. Visits to all potential sites undertaken.
- The **launch** of the OR Tambo DM Project at a village, Mnxekezi, on 23 February.
- HSRC has planned activities in terms of **MS Project**.

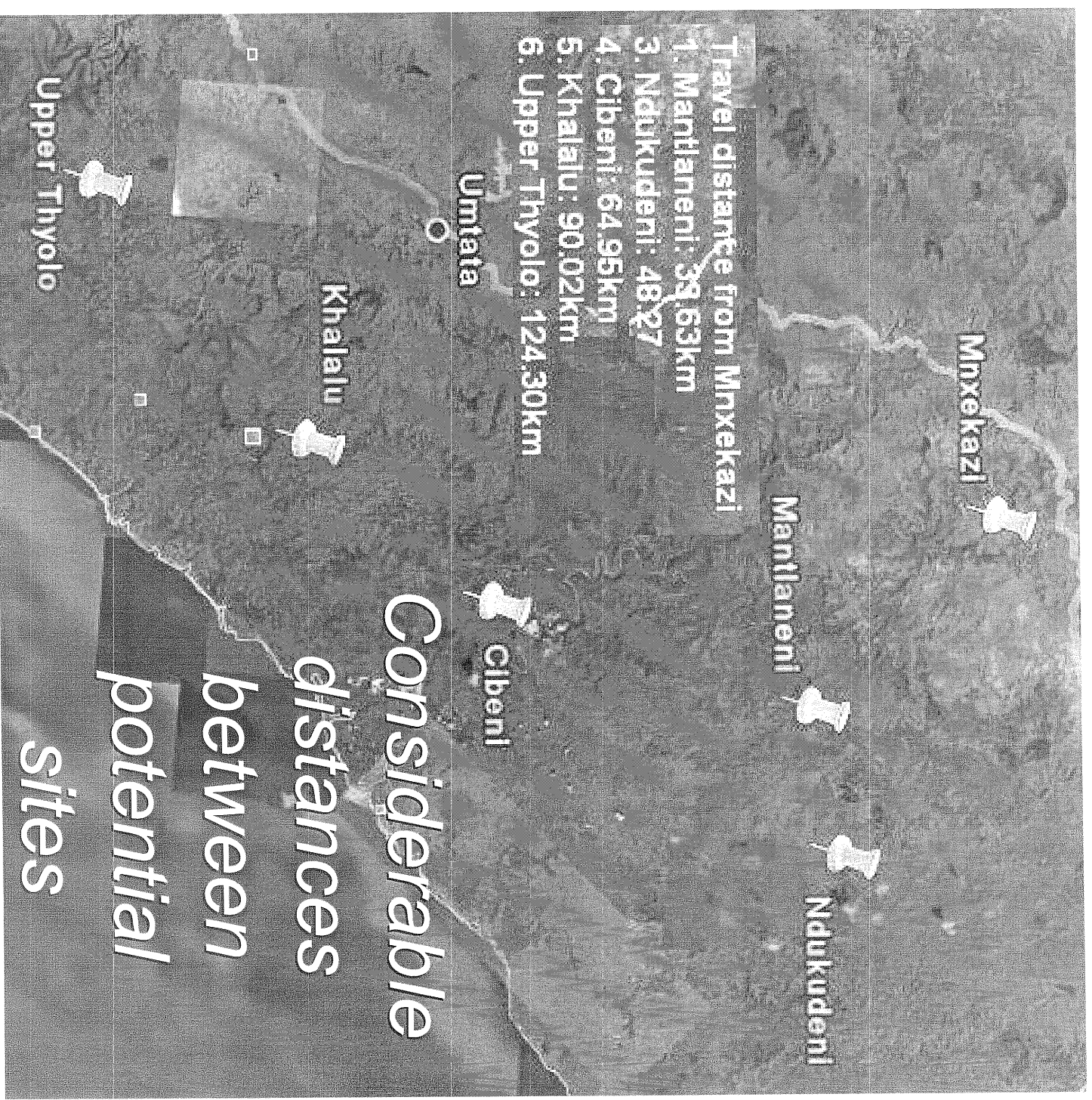
1 Selection of areas

- The Municipality has identified potential implementation areas without any infrastructure to provide Safe Drinking Water.
- These include:
 - Mxnekazi
 - Mantlaneni
 - Ndukudeni
 - Cibení
 - Upper Thyolo
 - Khalalu
- Site reports available on all potential locations.

Challenges:

Choice of sites at a distance from each other;

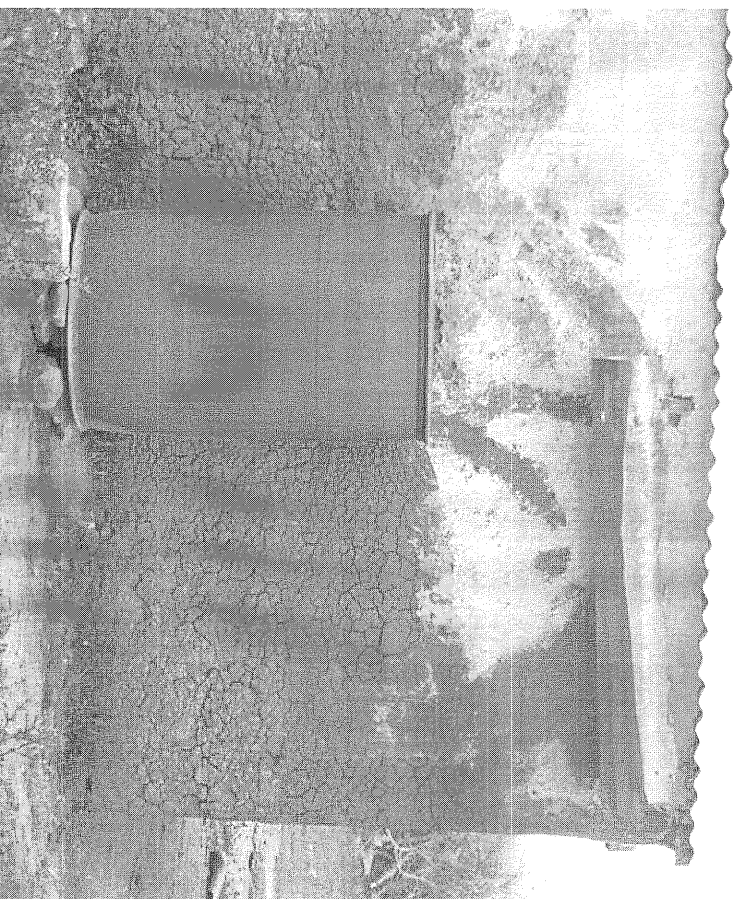
Distance of HH from rivers



2 Social acceptability intervention

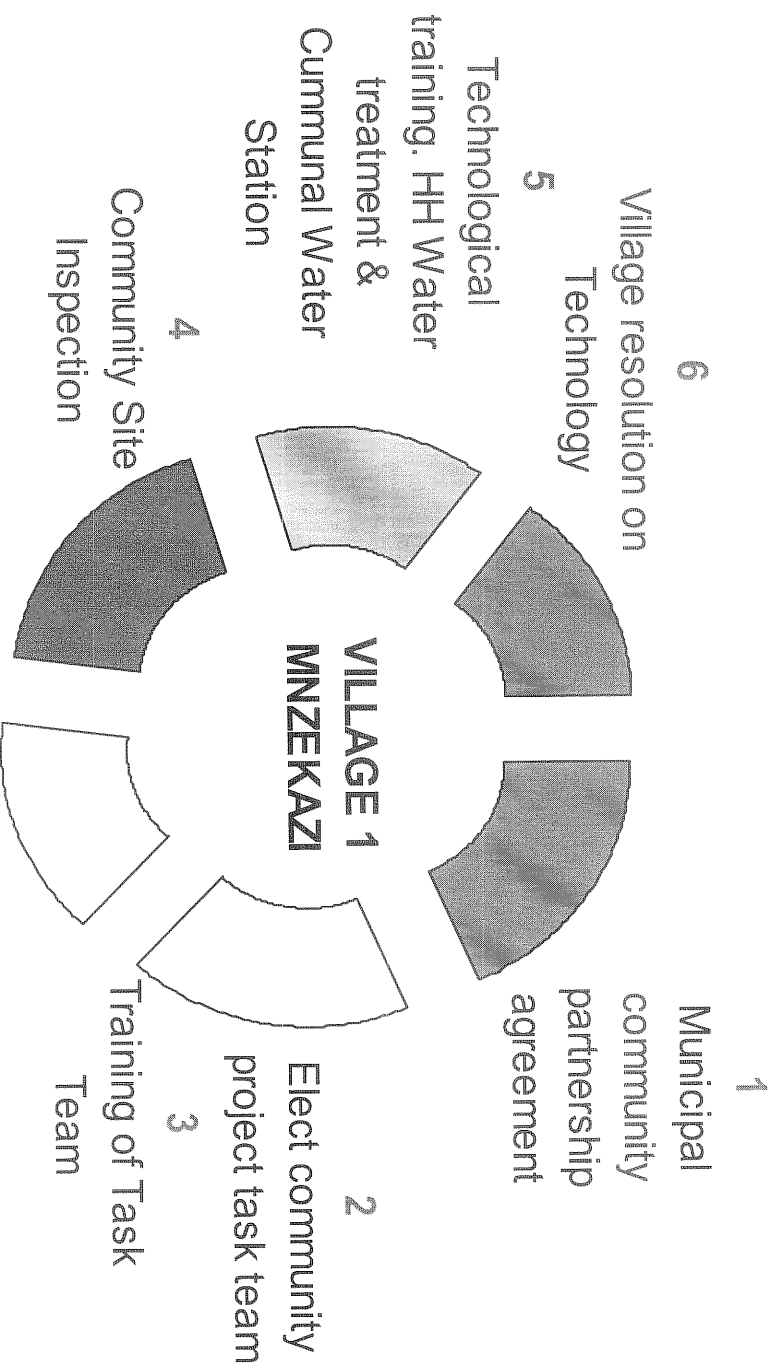
- **Outcome sought: Acceptance of the strategy to achieve Safe Drinking Water and establishment of a community Project Task Team.**
- **A successful community meeting** was held on 13 February at which a Task Team was nominated and elected. Criteria for nomination accepted and election completed.
- **The community Task Team was elected democratically** at a meeting at which both the traditional and political leadership were present.
- Explanation given to the community of the **social and technical aspects** of the project, the stages of implementation, and the participation of the community.
- **Community site visit** at which the design of the CWS was described and its possible setting discussed. There were questions about the possibility of **reticulation** from the river.

2 Social acceptability: Local innovations to deal with water challenge



- Social acceptability of technology a matter of **education and discussion**;
- **Distances and elevation** above water source a key issue;
- Intervention needs to involve **dialogue** with community to ensure acceptance

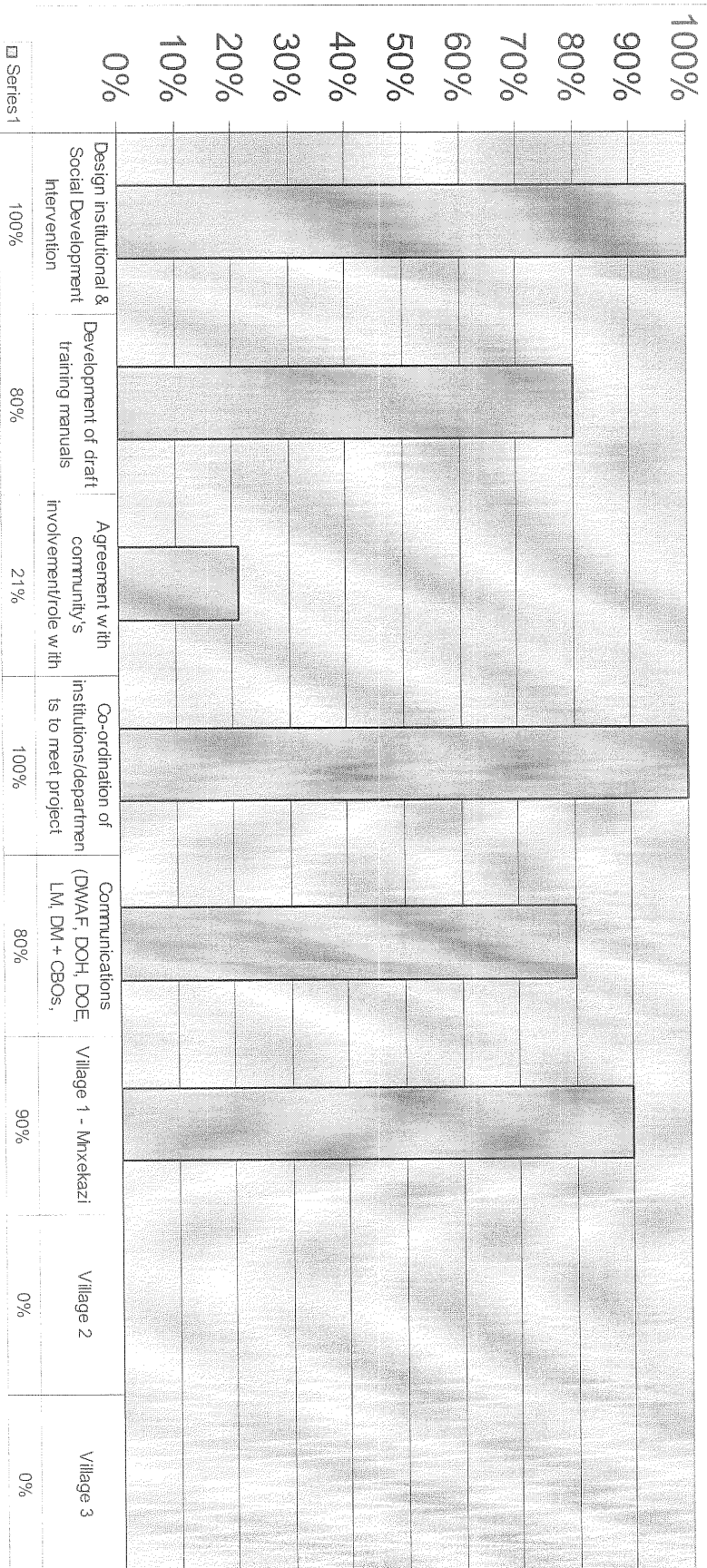
2 Social acceptability intervention



So we achieve the desired difference

2 Social acceptability intervention

SOCIAL ACCEPTABILITY



Socio-economic data makes a difference

3 Community Mobilization: Participation

- The key question: **community participation** in endorsing, supporting, and assisting in the use of CWS and overall management of the facilities.
- The community mobilization is an important part of a strategy for **managing risks**.
- Citizens need to be prepared, engaged with and trained to **understand the technology**, its possibilities and limits, and the need for community direction and **protection**.
- Social mobilization strengthens **participation of rural poor in local decision-making**, improves their access to social and production services and efficiency in the use of locally available resources. On this basis citizen groups can support plans for promotion and replication.
- **Critical to the success and effectiveness** of the Safe Drinking Water Technology. It is vitally important to promote change by offering people a role in the use and management of the facility in their communities.

3 Public meetings / discussion



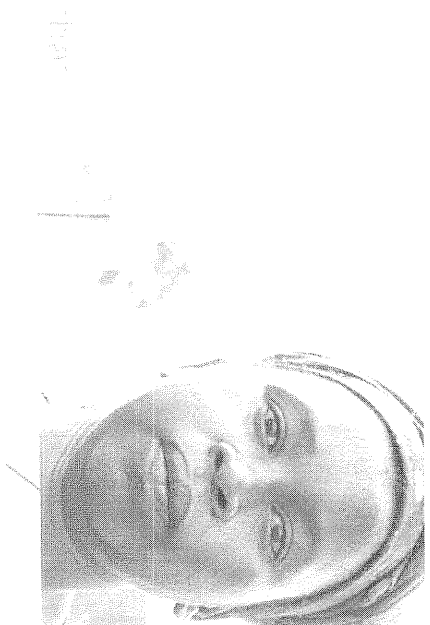
Social mobilisation and training: village meeting to meet with CSIR (Gift Manase speaking) and address the questions of technology and distance to river water source, 11 June, Mnxekazi.

Social science that makes a difference

3 Community Mobilization: training and development

- Task Team **elected and trained**;
- 11 members, each with a specific **portfolio**;
- Provided with **training materials**, basic documents and “homework” between training sessions;
- Task Team members trained to undertake **community mobilization**, assistance in convening community meetings, deep capacity building;
- Working to **establish networks** with agencies, departments, other communities, and civil society organisations.
- Paid during training ensure effective work, as precise tasks are expanded they will have contracts for provision of **specific tasks**; including health promotion, organization of health clubs, house visits and supervision of surveys.
- The community health promotion will be undertaken **by the Task Team members themselves** through the organising of health clubs in the sub-areas of the village.

3 Water Task Team Members



3 Community Mobilization: Training manual

	Chapter	Status
1	The Safe Drinking Water Project and what it will achieve	Awaiting final edit
2	Building the Community Water Task Team	Awaiting final edit
3	Mobilising the community and the role of leaders	Awaiting final edit
4	Educating the community	Awaiting final edit
5	Technologies for Safe Drinking Water	Waiting further input
6	Promoting community health	Final revision
7	Maintaining and monitoring community health and hygiene for impact	Draft

3 Training



Task Team members at a training session.

Some science that makes a difference

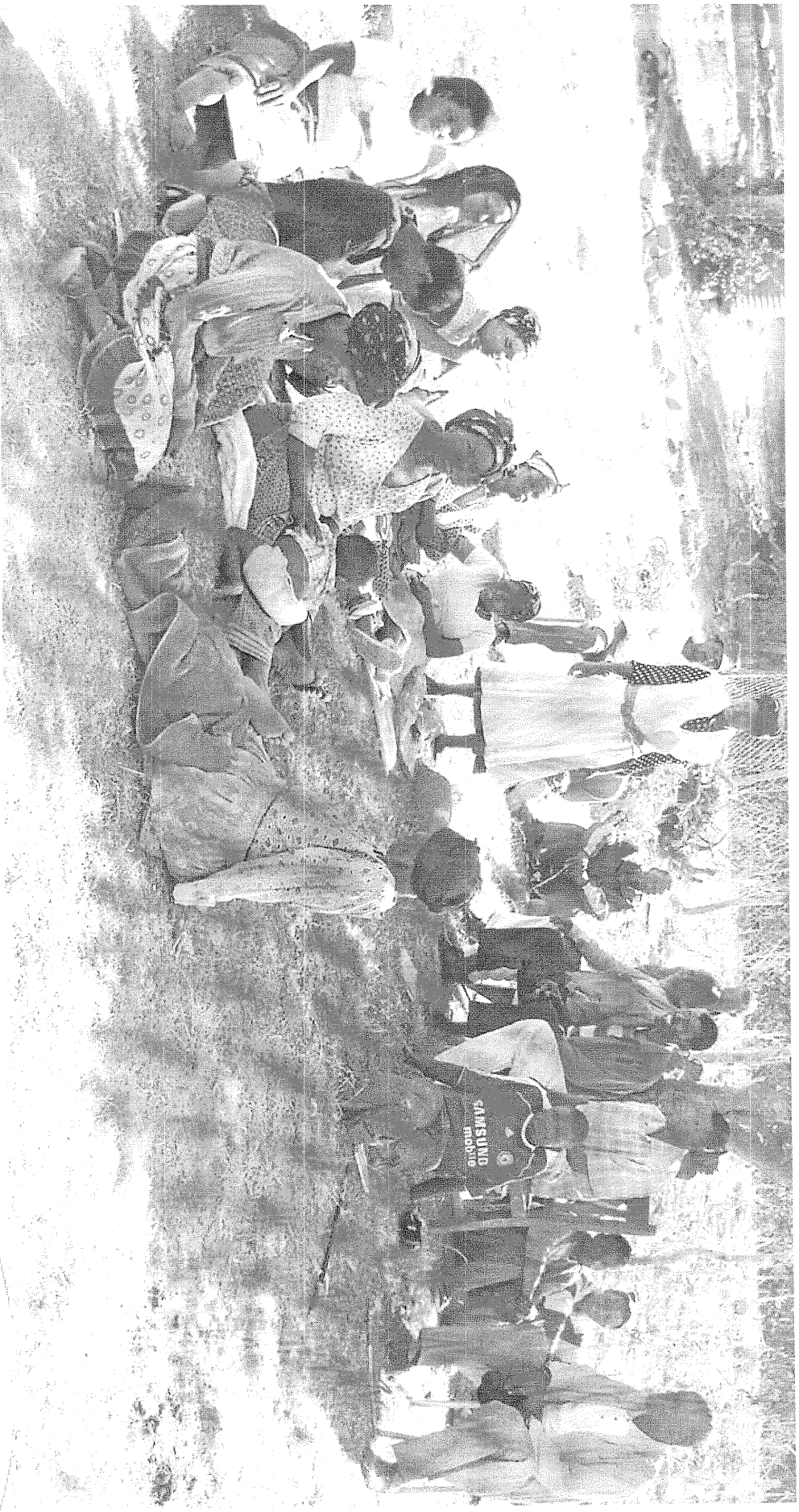


3 Training objectives

Training is designed to lead on to the following:

- **Deepening capacity development** beyond the Task Teams and those who receive direct training through training of trainers techniques;
- Task Team members being trained to **undertake activities** such as convening community meetings and **taking responsibility** for community engagement especially health and hygiene promotion;
- The writing, testing and editing of **training manuals** appropriate to the objectives of the Project;
- To **hygiene and health messages** being carried by community members to all within the community.
- The effectiveness of training is being evaluated by **pre and post training assessment** of knowledge and attitudes of trainees.

Independently organised community meeting



Soor science that makes a difference

3 Health and hygiene promotion



Task Team members measure how much water is needed to wash hands effectively.



3 Health and hygiene promotion

- A model of Community H&H promotion is being implemented cf WRC publication;
- Good cooperation is being achieved with Provincial DOH and local clinic;
- Health clubs being organised by the Task Team on a sub-area basis with external support;
- Community is broken down to 6 sub-areas;
- Start projected on 23 July after being postponed from 16th.



4 Monitoring and Evaluation

- Without a baseline at the starting point, change brought through the Project cannot be measured;
- Questionnaire prepared on 26 key indicators of access to water, water quality, and health and hygiene issues;
- Survey undertaken by local school leavers in combination with local Task Team;
- Communities want an 'inclusive' or 'census' approach but sampling will be undertaken to complete second "impact" survey.

4 Monitoring and Evaluation



Task Team members and school-leavers plan survey at the sub-area level.

Social science for a more equitable future

4 M&E: Assessing impact



Local school-leavers engaged to undertake baseline survey.

Social sciences that makes a difference

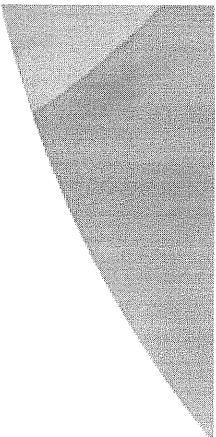


What is speeding up / slowing down

- Speeding up:
 - Better coordination,
 - Sites closer to each other,
 - Closer alignment of social and technical.
- Slowing down:
 - Supply chain management issues,
 - Distances,
 - Any breaks in communication.

Contribution to poverty reduction

- Multi-dimensional: capacity, participation, basic needs, health and well-being, voice (not mutually exclusive);
- Capacity:
 - Empowerment (institutional and individual),
 - Decision-making,
 - Training and education,
 - Capabilities e.g. informed consent;
- Participation:
 - Greater use of resources
 - Municipal planning
- Basic needs:
 - Provision of Safe Drinking Water
- Health and well-being:
 - Should be impact through community efforts
- Voice:
 - Community Task Team and organised groups e.g. women and youth







Challenges

- Very high expectations that there will be real change in the village and impatience with progress;
- Finalisation of sites: decision-making by DM is critical to moving to other villages;
- Narrowing the gap between social mobilisation and implementation.




Reading and
independent
study is part of
the program



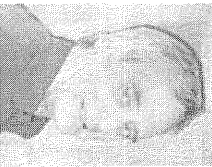
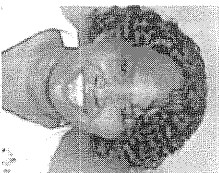


Project Team: CSIR and HSRC

Name	Specialisation	Role
 Dr Gift Manase	Water Resource Economist	Project Leader Policy and institutional arrangements for sustainability
 Ms Bongji Maposa	Water Treatment Expert	Water Treatment Technologies and ground water management
 Dr Selvan Govender	Water Treatment Expert	Water Treatment Technologies CWS and Water quality Testing Kits
 Ms. Ester Ngorima	Water Quality Monitoring	Household Ceramic Filters

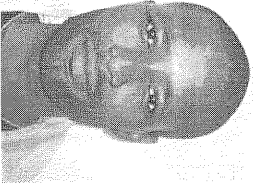
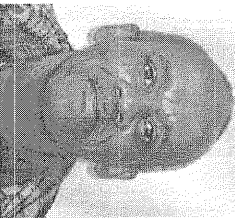

Project Team

Name	Specialisation	Role
 Dr Kevin Wall	Engineer	Adviser on technical designs and tender processes
 Mr Chris Rust	Civil Engineer	Project oversight Adviser on technical design and IP issues
 Mr Kenny Kistan	Client Liaison	Contract Management
Mr Rafeek Low	Civil Engineer	Supervision of Construction

Project Team: HSRC

Name	Specialisation	Role
 Dr. David Hemson	Service delivery and rural development	Project leader Liaison with stakeholders, social acceptability, community mobilization, monitoring and evaluation
 Dr Nancy Phaswana-Mafuya	Health and hygiene promotion	Evaluation of health and hygiene promotion
 Jonathan Carter	Activated social networks and cost issues	Cost analysis
 Fazeela Hoosen	Environmental assessment	Planning and analysis

Project Team: HSRC

 <p>Kombi Saussi</p>	Social Assessment	Community mobilization, monitoring and evaluation
 <p>Mike Saneka</p>	Education and training	Translation, field work and training
 <p>Lejone Ntema</p>	Community participation	Assessment of community participation