



DEVELOPMENT

Water and Sanitation

IN EUROPEAN UNION
DEVELOPMENT CO-OPERATION

A Caribbean Project



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WATER AND SANITATION IN EUROPEAN UNION DEVELOPMENT CO-OPERATION

Access to clean water and sanitation is of critical importance for development and for the fight against poverty. The Millennium Development Goals adopted in 2000 include the specific target of halving, by 2015, the proportion of people without sustainable access to safe drinking water. Other international targets adopted at the World Summit on Sustainable Development (WSSD) in Johannesburg in 2002 include halving, by 2015, the number of people without access to basic sanitation, and for all countries to develop integrated water resources management and water efficiency plans by 2005.





“Water for Life”: a global partnership to respond to this challenge




The European Union, which strongly supports these international commitments, has taken several measures to help turn them into reality. At the WSSD, the EU launched the global “Water for Life” initiative and signed strategic partnership agreements with Africa and 12 countries from Eastern Europe, the Caucasus and Central Asia. This EU Water Initiative aims to encourage the European Community, EU Member States, civil society, financial institutions and the private sector to work together to integrate sustainable water management into national and regional development strategies and to develop sustainable solutions to water and sanitation problems. It is built around the following priorities:

- 1) Reinforce political commitment to improving access to clean water and sanitation in the context of poverty reduction.
- 2) Strengthen water governance arrangements by promoting public-private partnerships, and by reinforcing institutional capacity at regional, national and local level.
- 3) Improve co-ordination and co-operation in the development and implementation of water-related activities through the introduction of sector-wide approaches, multi-stakeholder processes and the promotion of south-south co-operation.
- 4) Encourage regional and sub-regional co-operation on water management issues, including on a river-basin scale.
- 5) Attract additional funding through the development of new, flexible and innovative funding mechanisms that will attract new partners.

The EU Water Facility: 500 M€ earmarked for better water and sanitation services

On World Water Day 2004, the EU launched a special Water Facility to promote access to clean water and sanitation for people in Africa, the Caribbean and the Pacific (ACP). In a first phase, the Water Facility could be worth up to €500 million and is designed to have an important catalytic effect in generating additional funds for water and sanitation for the poor. This is in addition to ongoing projects within the regular development co-operation programmes financed by the European Union.

The Water Facility will promote:

-  1) Governance: funds will be invested in measures to build or strengthen institutional and regulatory frameworks in those countries that display real commitment to the development of sound national water policies.
-  2) Ownership: the facility will be demand-driven. It will be an instrument to support and deepen the involvement of actors in ACP countries in the design and implementation of water policies.
-  3) Innovation: access to flexible sources of funding: a maximum impact will be sought by offering creative combinations of grants with other financial sources (such as soft loans, loan guarantees, micro-finance etc.) to fund basic infrastructure.

These funds could constitute the necessary seed capital to get projects off the ground. The Water Facility will also be a tool in forging the public-private partnerships needed to increase funding.

Water and sanitation in National & Regional Indicative Programmes

In addition, the Commission finances interventions in the water and sanitation sector, as part of the strategies for each country and region that receive support via the European Development Fund (EDF). The Country and Regional Strategies currently in force cover the period 2002-2007. A total amount of €555 million has been allocated to water and sanitation for this period in 14 countries in sub-Saharan Africa, the Caribbean and the Pacific (ACP) through these country programmes. The interventions are generally part of a programme that covers water supply and sanitation projects, addressing mainly technical issues, as well as policies addressing social and environmental concerns, and support for improved management of water resources. The case study in this brochure, the Whitfield Town Sanitation and Water Upgrading Project, is an example of the type of programme implemented by the European Commission.







WHITFIELD TOWN SANITATION AND WATER UPGRADING PROJECT

The Whitfield Town Sanitation and Water Project is one of the largest community development initiatives undertaken by the European Union (EU) and the Jamaica Social Investment Fund (JSIF). The two sub-projects involve the upgrading of the sanitation system serving the entire community, and over 1 500 citizens are expected to benefit. The project is being financed by a €500 000 allocation under the EU's Poverty Reduction Programme (PRP).

The challenge

Whitfield Town is one of the poorest and least developed communities in the Kingston Metropolitan Region (KMR). 56% of the population is under 24 years of age and only 9% is over 55 years. Deterioration of living conditions in Whitfield Town crept in with the political violence of the 1970s, the migration of many house-owners and the ongoing economic decline from the late-70s onwards. Over 80% of its households are without access to adequate sanitation facilities and 60% lack piped water. In addition, the Inner City faces other challenges including:



-  1) High population density of 12 500 people/km²
-  2) High unemployment rate: about 40% of the population
-  3) High incidence of teenage pregnancies
-  4) High incidence of crime
-  5) Numerous school dropouts
-  6) Poor waste management practices



Brief project history

→ 2001

Guidance of the community project committee in socio-economic data collection and analysis. Discussion of technical options, selection of a section of Whitfield Town as pilot project area.

→ 2002

Technical design of the projects by the project manager from the community. Approval for funding by the Board of the JSIF and the PRP Steering Committee.

→ 2003

Settling of land issues and redesign of projects.

→ September 2003

Signing of the Financing Agreement.

→ December 2003

Beginning of construction works, expected to be completed by October 2004.



Institutional issues

The request for support for the community was submitted by the Whitfield Town Community Development Council (Whitfield Town CDC). The CDC represents 54 community-based organisations (CBOs) and about 25 000 people living in Whitfield Town. Pre-project activities started in 2001 with a participatory approach recognising the importance of local expertise and local ownership for project success. Despite the huge tasks of improving the sanitary situation in a deprived Inner City area, the CDC was confident in relying on its own human resources to prepare and implement the projects. In this sense the projects crossed new frontiers at the JSIF, as the agency has previously implemented projects itself on behalf of the benefiting communities.

In the early stage of project development, a major input was provided by the Social Development Commission (SDC), which has the mandate of working with communities to identify problems and priority areas of community development. The assistance of SDC was critical and a prerequisite for the development of the project idea and for garnering support from the wider community.

Strengths and weaknesses of the Whitfield Town Community Development Council (CDC) quoted by the CDC in 2000

Respected outside of the community	Lack of an annual development plan
Capable of adapting to emergent needs	Weak financial and fund-raising skills
Has the capacity to involve marginalised persons	Absence of a clear vision and mission
Can get the support of external resource persons	Inadequate impact on the community
Shared responsibility for decision-making among executives	Absence of regular self-evaluation exercises
Good relationship between executive and general members	Poor understanding of roles and responsibilities



Beginning 2000 a project management committee, comprised of as many as 15 members of the community, was established. Through bi-weekly community meetings the members, with the assistance of the JSIF, learned about the roles of all stakeholders in the projects and started the detailed planning process of their projects. It should be noted that the community was blessed from the beginning with a project manager from the area who had the necessary basic technical and management skills and was devoted to mastering the upcoming challenges of this complex infrastructure project by going through a continuous learning process.

It is a requirement of the JSIF that communities transform a CBO into a legal entity if the project is implemented under the full responsibility of the community. On its own initiative, the Whitfield Town CDC received training from the Department of Cooperatives & Friendly Societies and was finally registered as a Benevolent Society by mid-2003.

The National Water Commission (NWC), being a major stakeholder, finally approved the technical design which was prepared by the project manager from the community with assistance from the EU Technical Advisor. The NWC further agreed to a lump sum payment for water and sewage after the commissioning of the system. In the future, a block management system will have to be established by the CDC to maintain the system at the yard level and to collect the fees from each household for payment to the NWC.

Significant social issues

→ Employment

About 300 people from the community will receive temporary employment during the construction phase. With the unemployment rate at more than 40%, this is an important fact, although it is not the focus of the PRP to create only short-term income-generation opportunities. Jobs range from Project Manager to foremen, from administrative assistant to tradesmen from each street and common labourers from each yard, the latter two categories being employed for their street or yard only. These persons will be recommended by the CDC so that, while the employment will be shared as equally as possible, there will be no jobs for incompetent tradesmen or idlers or troublemakers. This method of community control of the work will be an entirely new experience for the people involved, who will thereby learn that it is not a rule of life that everything has to be controlled by 'the big man' from outside.



→ Crime & violence

The project area has a history of volatility and gang warfare with flare-ups occurring from time to time, especially between gangs from the upper and lower part of the area. This had an impact on the project in many ways:

- 🔹 People involved in project preparation activities became inactive and work was delayed by several months.
- 🔹 Meetings had to be held in the project area in separate groups, although they were only hundreds of meters apart.
- 🔹 Labourers had to be carefully selected from all parts of the project area and adjoining areas.

Interestingly, no disturbances were observed during the construction phase of the projects. Assistance given to this deprived area of the city seems to have mobilised people's enthusiasm and self-esteem and contributed to minimising the violence.



→ Land ownership

It is in the nature of many sanitation projects that investment is made on private land. In this particular case, since it is an Inner City area, it has been necessary to take a closer look at issues related to land ownership in order to avoid conflict:

- ⚠ About 46% of the owners or property owners' agents reside on the property or are present to varying degrees.
- ⚠ A further 51% of the dwellings are held by tenants who have taken over private land holdings in that they occupy the premises but do not collect or pay rent or lease.
- ⚠ Another 3% are categorised as 'Land or House Baronship' where tenants have assumed control or ownership of the property and require that all other tenants make rent or lease payments to them.

For properties which fall into the last two categories, the legitimate owners have died or discontinued the collection of rent or lease payment for extended periods of time. The project will probably increase the land value and also increase the sense of "legal" ownership on the part of those who have invested in kind.

Preparation & Planning

In 2001, under the guidance of the local project manager, a team from the community collected, compiled and analysed basic social and technical data, information on population data and in particular on the status of sanitation facilities in the 13 zones of Whitfield Town. Sanitation upgrading in this area would require several projects due to the high cost of the infrastructure and the ceiling of micro-projects to be funded by the EU.

With the start of the PRP in September 2001, a decision was made by the CDC to gain experience with a community-driven urban sanitation project, and zone 11 was selected as a particularly deprived area for the start of the projects. This project area covers about 10% of the total area of Whitfield Town and is populated by about 1 500 people.





The sewage generated in most of the 13 zones of Whitfield Town is neither directly discharged into a sewer network, nor is a master plan for sewage disposal in existence or planned for the near future. Four options were therefore examined for solving the sanitation problems in the community:

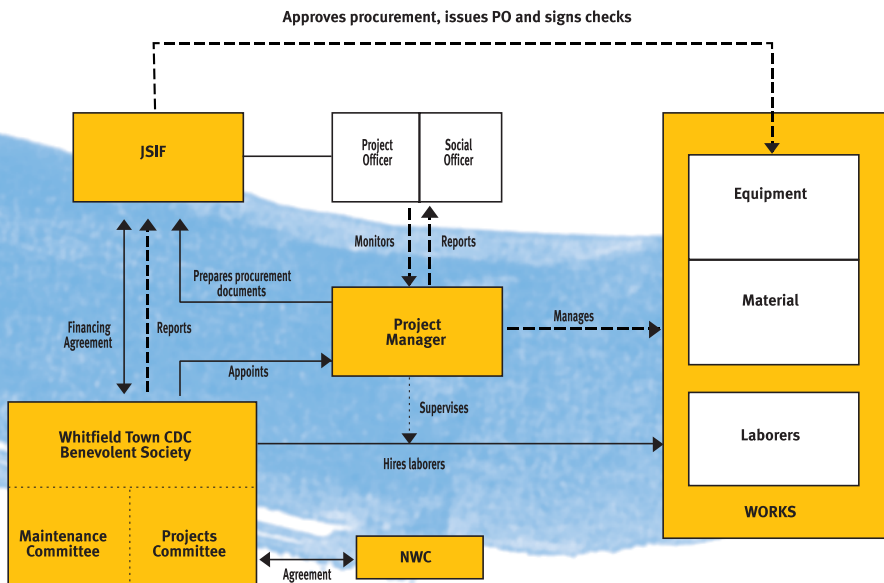
- 1) Building communal toilets for each street or group of streets.
- 2) Using absorption pits in each yard to collect the sewage from the water closet toilets.
- 3) Connecting households to a local sewer system to be connected to the public sewer system.
- 4) Connecting domestic sanitation units to a bio-digester septic tank treatment facility and reed beds via a trunk sewer system.

Option 4) was first considered as the most environmentally friendly solution requiring very minimal maintenance. Unfortunately, acquisition of the land in the vicinity of the project area could not be achieved within a reasonable time span, so option 3) was finally chosen for implementation. Cost reduction measures like “small-bore sewer systems” including several retention or septic tanks were studied. However, they were rejected because retention tanks would have to be located in densely populated squatter-type areas, leading to major problems like odour from malfunctioning tanks, access problems for tank-cleaning trucks over time, etc. Other on-site sanitary solutions were not considered due to local environmental regulations (for example, prohibiting absorption pits in densely populated urban areas) or socio-cultural reasons. In this respect it should be noted that flush toilets are widely considered modern and adequate sanitation facilities in Jamaica, and the existence of such systems contributes to the social status of households.



Implementation

These projects were entirely formulated by qualified persons from the community, as the JSIF has now recognised the importance of using local expertise to increase participation and foster a sense of ownership among the beneficiaries. In this vein, the projects are being implemented with the aid of Community Based Contracting (CBC), a mechanism that seeks to give the community control of the decision-making with regards to their sub-projects.



The Whitfield Town CDC has responsibility for the entire project, including the management of the pre-fabrication plant. This marks the first time for the JSIF that such a complex infrastructure project will be implemented by a community. Twenty young men and women in the Whitfield Town district will be employed in the pre-fabrication plant and will so upgrade their skills. Construction elements will be manufactured or prepared in the plant: doors complete with jambs and the windows of sanitation units, the reinforcement rods and steel components for concrete structures, the cutting, connecting and gluing of PVC pipeline elements, etc. The project warehouse is located opposite the pre-fabrication plant and managed by members of the CDC.



Major construction activities

- 1) 100 new sanitation units consisting of 1-3 new flush toilets, depending on the size of population per yard, 1 shower and hand basin, and a 600-gallon tank installed on the top of the roof of the unit. For water conservation, closets will be equipped with 1.6-litre flushing cisterns.
- 2) 1 600 meters of PVC sewer lines, 200 mm diameter.
- 3) Connection of the local sewer system to the NWC main sewer line at two points.
- 4) Extension of the NWC water supply system by installation of 470 meters of PVC pipelines (75 mm diameter) and 2 000 meters of PVC pipes for yard or household connections.
- 5) Installation of a bulk meter for measuring the total water consumption of the project area.
- 6) Rehabilitation of about 68 existing sanitary units, including rehabilitation of drainage.



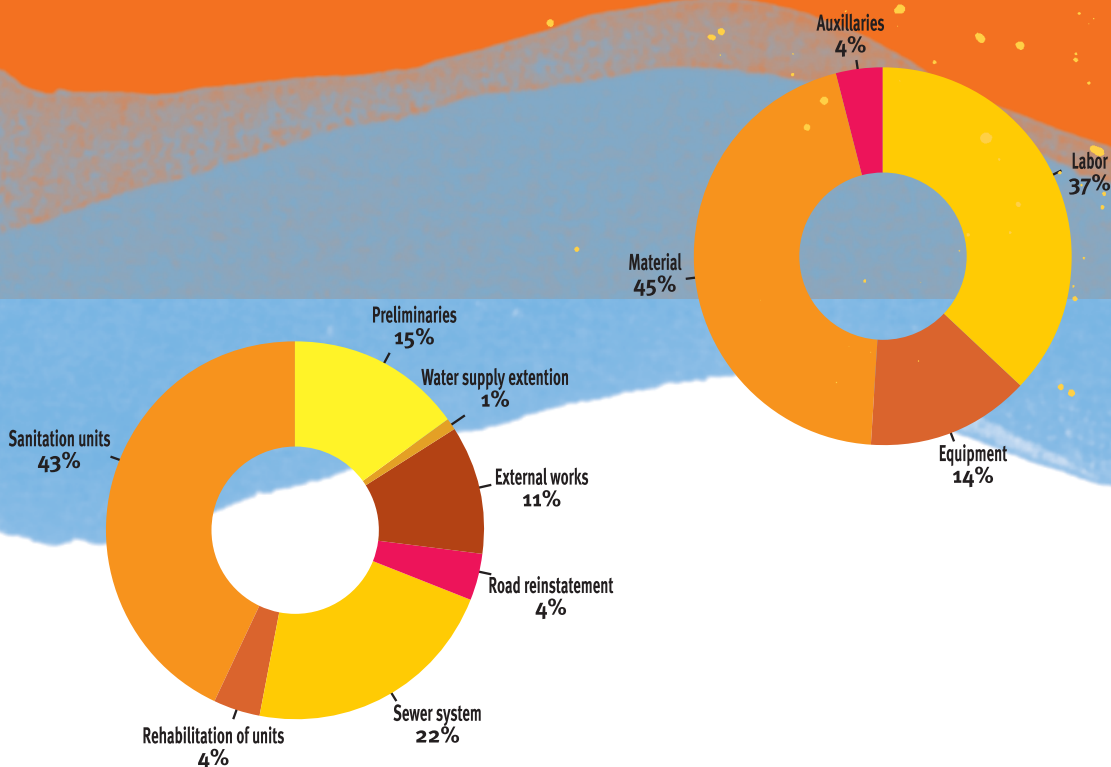
A significant step in this regard is the procurement aspect of an investment in community projects, with a value of more than €500 000: at the outset the Project Manager prepared all procurement documents and submitted them for approval to the JSIF. The Project Management Committee is directly responsible for a float of €10 000. With the experience gained during the course of the project, it is planned to transfer full responsibility for procurement to the Project Management Committee.

→ Other project components

- 💧 Health education component: 20 community facilitators will be trained to teach the wider community about proper use and maintenance of the sanitary facilities and to provide basic hygiene awareness training.
- 💧 Organisational skills enhancement: in order to equip the CBO with the skills that are crucial to this undertaking, the JSIF will be providing training in organisational skills. The course will include management, planning, fund-raising and financial management.

Cost and community contribution

The overall cost of the projects as of September 2003 is J\$43 740 000 [about €625 000, €1 = J\$70], of which J\$34 600 000 [about €494 000] represents the estimated total cash flow to be funded by the PRP. The remaining J\$9 200 000 represents the community contribution so far of about 21% of the overall project cost. The breakdown of the cost into project activities and cost elements is shown below. Discounted labour and savings on overheads account for the major part of the community contribution. Under competitive conditions, contractors normally put a margin for profit and administrative costs on the infrastructure cost. As project manager and contractor of the projects, the CDC was attributed this value as a community contribution amounting to about J\$3 500 000 (€50 000, 10% of the infrastructure cost).



Summary

- 💧 This initiative is providing the most significant upgrading intervention ever seen in the 90-year history of Whitfield Town - a massive effort aimed at reversing the trend of physical deterioration, with the accompanying social problems, that has taken place over the last 30 years.
- 💧 Along with an accompanying health education scheme, the projects aim to change behaviour patterns so that, socially, quality of life is also enhanced.
- 💧 The concept of community control of the work is an entirely new experience for the community.
- 💧 The context in which all of this will take place is one of involvement of the community at both the decision-making level and at every level of the projects, from the Project Manager down.
- 💧 It is believed that using the community-driven approach will increase community ownership of the projects.
- 💧 The community leaders believe that this will provide the most powerful motivation for the community to support these projects and their best guarantee of sustainability.

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