

**Water, Sanitation
and Hygiene Promotion
Manual**



International Federation
of Red Cross and Red Crescent Societies

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Water, Sanitation and Hygiene Promotion Manual

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Water, Sanitation and Hygiene Promotion Manual

A training package for field officers and
community volunteer leaders

Module 1 Community Entry

The National Red Cross and Red Crescent Societies in the Eastern Africa Zone

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ACRONYMS

AQUIFERS	Underground layer of water-bearing permeable rock or unconsolidated materials (gravel, sand, silt, or clay) from which groundwater can be usefully extracted using a water well.
CBO	Community Based Organization
EMIC Perspective	The insiders' view
M&E	Monitoring and Evaluation
M.D.G.	Millennium Development Goals
MDG Nr.	Millennium Development Goals number
NGO	Non- Governmental Organization
O&M	Operation and Maintenance
PHAST	Participatory Hygiene and Sanitation Transformation
San Plat	Sanitation Platform
SMART	Specific, Measurable, Agreed upon, Realistic and Time-based
SUCKER ROD	The rod which connects a wind mill or hand pump to the pump cylinder in the well.
UNICEF	United Nations Children's Fund
WCs	Waste Conditioning System
WHO	World Health Organization
WSSUG	Water Supply and Sanitation Users Group
ECHO	European Commission of Humanitarian Organization
SWAP	Sector Wide Approach
U RCS	Uganda Red Cross Society
IDP	Internally Displaced People
WASH	Water, Sanitation and Hygiene promotion programs
PRA	Participatory Rural Appraisal
ADRA	Adventist Development and Relief Agency international
AMREF	African Medical Research Foundation
ICRC	International Committee of the Red Cross
NLRC	Netherlands Red Cross
OXFAM	Oxfam International is a confederation of 13 organizations working in more than 100 countries to find lasting solutions to poverty, suffering and injustice.
MSF	An international network of volunteers (Doctors without Borders).
HDI	Human Development Index
NS	National Society
IFRC	International Federation of Red Cross/Crescent Societies
ONS	Operating National Society
WOREDA	Means a District in Ethiopia
COOPI	COOPerazione Internazionale
RWH	Rain Water Harvesting
GWSI	Global Water and Sanitation Initiative
CAP	UN Consolidated Appeal Process
ARCH	African Red Cross/Crescent Health Initiative

PREFACE

This training package is prepared by International Federation of Red Cross and Red Crescent Societies Eastern Africa Zone WatSan unit supported by Netherlands Red Cross Society.

The training package contains the following components: a manual, a training curriculum, tools and a strategy. The curriculum is for WATSAN training while the simplified community level tools covering key thematic areas in WASH are drawn from the manual and are to be used in the field by field officers, extension workers and community volunteer leaders to enable them to effectively manage water, sanitation and hygiene programmes.

Particular emphasis is given to approaches that ensure community participation and involvement at all stages of the project cycle, adaption of projects and programmes to the local situation, and provision of continuing support to the community after the system is installed. The central role of gender in the planning and execution of these programmes and its impact on project sustainability has also been highlighted.

Other issues addressed include sustainability of water and sanitation technologies, operation and maintenance of WatSan facilities with practical examples on site technology improvement. Needs assessment planning as well as monitoring and evaluation are also included.

The manual and the training modules are designed to be learner centred and can either be used as stand alone or collectively.

Eastern Africa Zone WatSan Strategy is the final product of the package. It is a reference that gives a regional perspective of water sanitation and hygiene promotion and specifically enables the user to understand where this WATSAN manual fits in the long term planning.

It is hoped that the WASH package will be useful in WASH programming within the region.

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The Water, Sanitation and Hygiene training package is the product of the collective experiences of many people in the various branches and head offices in the East African Zone Region. They should not therefore be seen as representing the views of any National Society in particular.

Final thanks to all of you who, in one way or another, made a contribution to the development of this training package.

Nairobi June 2008

EXECUTIVE SUMMARY

The daily use of water in human life, coupled with the generation of human excreta are some common aspects of everyday life that people often overlook especially those that are related to their safe disposal. Access to safe water is a fundamental human need and, therefore, a basic human right. Contaminated water jeopardizes both the physical and social health of all people and is therefore an affront to human dignity. There is abundant evidence that failure to ensure an adequate supply of safe water or to arrange for safe disposal of excreta is a major contributing factor in disease transmission, ill health, misery and death.

Worldwide, 1 billion people lack access to safe water and 2.5 billion lack access to basic sanitation services. As a result, 4 million people die annually, 80 per cent of whom are children aged below the age of 5 years. It has been observed that more than 30% of common recurrent diseases are related to water, sanitation and hygiene.

Access to safe water and sanitation is a human right as declared by the United Nations in November 2002. In carrying out their humanitarian mandate of alleviating and improving the condition of the vulnerable populations of the world, both in ordinary times as well as in emergencies, the International Federation of Red Cross and Red Crescent Societies and individual National Red Cross and Red Crescent Societies are increasingly involved in the provision of water, sanitation and hygiene services as part of the overall health and care interventions.

In addressing these challenges, Strategy 2010 presents a set of interrelated Federation strategies to meet humanitarian challenges between the years 2000 to 2010. The core areas of Strategy 2010 are; promotion of fundamental humanitarian principles and humanitarian values, disaster preparedness and response, health and care in the community. African Red Cross/Crescent Health Initiative (ARCHI 2010) which builds upon Strategy 2010 was developed to improve the lives of vulnerable people by mobilizing the power of humanity. ARCHI 2010 presents a plan of action based on a commitment from 51 African countries following the 5th Pan African Conference held in Ouagadougou, Burkina Faso in September 2000.

ARCHI 2010 is committed to making a major difference to the health of vulnerable people in Africa. The community priorities include HIV/AIDS, diarrhoea, malaria, vaccines for preventable diseases, pregnancy related issues, acute respiratory infections, malnutrition and initial responses to accidents and injuries. The success of ARCHI 2010 effort depends on the existence of on going volunteering at the community level. This is the comparative advantage of the Red Cross and Red Crescent National Societies.

It is imperative to have a careful, respectful approach to official community leaders', and/or religious leaders traditional/opinion. Local knowledge and advice is crucial, and utilization of the Red Cross/Red Crescent local structures is essential. Cultural and traditional background information on the target community should be sought prior to approaching the community. Partnering within and beyond the community, in addition to appropriate assessment to confirm the need before any intervention is also important.

Community participation at all levels, encouraging community ownership, management and commitment is essential. A gender balanced approach in the program management and aiming to reduce implementation costs is inevitable.

Participatory techniques (such as PHAST-Participatory Hygiene and Sanitation Transformation) are well established in Federation Water and Sanitation/Health Programmes. The link between PHAST and ARCHI 2010 is that, PHAST as a community participatory methodology emphasises a public health approach. Attention is given to enhancing community capacities to prevent communicable diseases. The success of PHAST as a process relies on the volunteerism and volunteer networks in the community.

In emergencies, aspects of water, sanitation and hygiene promotion need to be established. Appropriate local technologies and cultural preferences for the sustainability of water, sanitation and hygiene works should be encouraged.

To track the envisaged impact resulting from water, sanitation and hygiene actions, a robust and dynamic monitoring and evaluation system should be institutionalized with periodic reviews involving the beneficiaries and the targeted groups as well as other key stakeholders.

Operations and maintenance to ensure efficiency, effectiveness and sustainability of water supply, sanitation and hygiene facilities is inevitable. It should encompass training on technical, management, financial and institutional aspects.

Module 1: Community Entry

UNIT 1: INTRODUCTION

1.0 Introduction

Every year, about 2.2 million people die of basic hygiene and sanitation related diseases, such as diarrhoea. Nearly 3.4 million people die annually from water-related diseases, and at any one time 1.5 billion people - one in every four people worldwide suffer from parasitic worm infections, resulting from human excreta and solid wastes in the environment. The great majority of these mortalities are children in developing countries.

This disease burden is controlled through interventions in water supply, sanitation and hygiene. For decades, universal access to safe water and sanitation has been promoted as an essential step in reducing this preventable disease burden. Nevertheless the target "universal access" to improved water sources, basic sanitation and hygiene remains elusive. The "Millennium Declaration" established the lesser but still ambitious goal of halving the proportion of people without access to safe water by 2015.

Achieving "universal access" is an important long-term goal. How to accelerate health gains against this long-term backdrop and especially amongst the most affected populations is an important challenge. There is now conclusive evidence that simple, acceptable, low-cost interventions at the household and community level are capable of dramatically improving the microbial quality of household stored water and reducing the attendant risks of diarrhoea, other diseases and death. Simply providing access to improved water and sanitation does not imply the use of the much expected health benefit. The promotion of fundamental behavior changes is the key to integrating the appropriate use of services.

This user-friendly manual is for the guidance and training of field officers, extension workers and community volunteer leaders involved in water, sanitation and hygiene programmes. It will serve as a guide in the response to emergencies and disasters (population movements, camp situations etc.) which require water, sanitation and hygiene interventions.

1.1 Overall goal

The overall objective is to develop a user-friendly manual for the guidance and training of field officers, extension workers and community volunteer leaders involved in water, sanitation and hygiene programmes.

1.2 Specific objectives

- To develop an understanding of the common terminologies used in WatSan.
- To enable field officers, extension workers and community volunteer leaders manage water, sanitation and hygiene programmes.
- To enable communities develop and sustain awareness of and sensitivity to water, sanitation and hygiene issues.

- To ensure sustainability of water, sanitation and hygiene facilities through promoting community ownership and community decision-making in their design and management.

1.3 Linkages in water, sanitation and hygiene

The consumption of water and the generation of human waste are such commonplace aspects of human life that planning for their appropriate use or removal is often overlooked. It is evident that failure to ensure an adequate supply of safe water or to arrange for safe disposal of excreta is a major contributing factor to disease transmission, ill health, misery and death.

More than 1 billion people lack access to safe water and over 2.5 billion lack adequate sanitation facilities. The failure to promote safe water supply and healthy hygiene practices often lead to the transmission of infectious diseases. WHO estimates that, in the year 2000, 2.5 million people - 80% of them being children under the age of five - died from diarrhoea diseases. In the next 20 years, the number of people without adequate water and sanitation facilities could reach 5.5 billion.

Governments, donor agencies and development partners have tended to address water supply development while disregarding sanitation and hygiene aspects. This has created a serious conflict especially when it comes to deciding on what to fund. In order to have maximum benefits, water supply facilities must be accompanied by a well planned sanitation and hygiene promotion and education programme.

1.4 Constraints in accessing water, sanitation and hygiene services

- Urbanization, industrialization and rapid population growth in developing countries are putting increasing pressure on water supply, sanitation and hygiene facilities.
- Water resources are becoming limited as climate variability lowers average rainfall in parts of the developing countries. Major water supply sources are strained due to limited groundwater resources, seawater and brackish water desalination.
- Physical and technical constraints: Difficult sites and terrain and complicated site layouts.
- Economic and financial constraints: The high cost of water, sanitation and hygiene to families of low income and the shortage of appropriate technologies.
- Institutional constraints: Water supply, sanitation and hygiene is rarely a priority in developing country budgets provisions.
- Structural constraints: The greatest bottleneck to getting services to the poor is indifference, and even hostility, at local, national, and international levels. Only fully serviced neighborhoods are permitted under law.
- Conflict areas.

It is envisaged that this manual will contribute to a better understanding for all field officers, extension workers and community volunteers on WatSan and create awareness of and sensitivity to water, sanitation and hygiene issues at community level.

Module 1: Community Entry

UNIT 2: COMMUNITY PARTICIPATION IN WATER, SANITATION AND HYGIENE

2.1 Participatory approaches and community development

A community is a set of people with some shared elements - in particular, a group of people who live in the same area is a community. The substance of shared element varies widely, from a situation to interest to lives and values. The term community is widely used to evoke a sense of collectivism.

Community development is the process or effort of building communities on a local level with emphasis on building the economy, forging and strengthening social ties, and developing the non-profit sector.

The concept of development implies improvement in the quality of life of the people. It is a community process in which people come together to deal with issues that affect their lives.

Community development therefore encompasses:

- Building up people, by empowering them to be able to build a future for themselves.
- Working with the people, not for them.
- About people and the way they live, not about objects, things or services given to them.
- Something that a community or society does for itself with or without external assistance.

Red Cross/Red Crescent: Community empowerment and engagement linked to the Federations global network of Red Cross and Red Crescent Societies and volunteers, can increase the coverage of sustainable safe water, sanitation and hygiene among the world's poor. It is through capacity building support to National Societies that communities are better engaged at grass roots level, resulting in well planned and executed WatSan and hygiene programs.

In capacity building and support to construction of facilities, the Federation encourages sustainability, the Federation's role being that of catalyst and mentor to the process. It's most important element is participation in decision making.

Community participation is defined as: procedures whereby members of a community participate in decision-making about developments that may affect the community.

Community participation concerns the involvement of the local people (community), whether in rural or urban areas, in the management of issues and conditions affecting their lives. It empowers the local people by enabling them to analyze, make decisions, plan, and act on development activities that should improve the quality of their lives. This is enhanced through participatory methodologies.

The emphasis and strength of participatory methodologies is in facilitating or enabling the beneficiaries to make use of their knowledge and capabilities in order to institute sustainable local actions and institutions.

In building the capacity of communities, and putting in place community-managed systems that are affordable and easy to maintain, it means:

- Working with women and youth - the primary stakeholders in the area of domestic water supply, sanitation and hygiene - and involving them at all stages of project implementation.
- Working with traditional leaders, opinion leaders, faith-based and other community organizations in both private and public sector and local entrepreneurs.
- Ensuring that facilities are suited to the needs of the community so that they will be encouraged to use them safely.

2.1.1 Community participation

Box I: Earlier views of community development schemes

Most often development agencies and partners have tended to:

- Know what is best for the people.
- Make decisions and plans for the people.
- Carry out actions that are meant to improve the lives of the people.

As a result of these views, the knowledge and capabilities of local people have been suppressed over the years to the extent that they do not see or feel themselves as capable of acting. They therefore have been reduced to perpetual dependants.

The challenge to development workers, field officers, extension workers and community volunteer leaders is to:

- Facilitate the change of this attitude and belief.
- Enable the people to rediscover their innate strengths and capabilities.
- Direct their strengths and capabilities to their own development.

Participatory methodologies and tools are designed to enable development facilitators/workers to face and overcome this challenge. While using participatory tools, outsiders, (including employees of international or local agencies) should be seen by the community themselves as facilitators/promoters of development and not as the main actors. Outsiders are challenged to explore the 3 Cs of community participation upto the third, which is the ultimate form of participation. (See Module 1, Unit 2, 2.13)

2.1.2 Advantages of community participation

- Collective ideas, perceptions and resources can be pooled.
- A dialogue can be initiated and communication systems that keep everyone in the loop can be developed.
- Issues and ideas can be explored from a number of different perspectives.
- Creating an environment of collective responsibility can create a commitment to work together in a productive way.
- Participation can help to build a sense of ownership of a project, which is an important ingredient for building a commitment to change.
- The development of 'shared visions' can improve the sustainability of a project.
- Community involvement ensures an approach that suits local circumstances.

Note: Most development agencies that try to embrace community participation often find themselves only at the level of consultations, while the most daring among them try to insist on contribution. Very few agencies are ready to embrace the real participation by enabling people to take full control of the development process.

2.1.3 The three Cs of community participation

- Consultation - Usually passive and basically consists of informing or asking specific questions on interventions that have already been decided on.
- Contribution - Labour, locally available materials and money.
- Control - Consists of decisions on what people really require, e.g. decisions at the project identification stage, i.e. what to use donor funds on forms of local and grassroots institutions that should be established for project management and even the right to say "no" to projects that people do not feel obliged to accept without the fear of losing donor support.

Community mobilization and empowerment

Communities must be able to mobilize themselves to access information, make choices and determine priorities, mobilize resources, request financing or other assistance, and implement and manage development activities.

Community mobilization and capacity building techniques often need to be employed to assist communities in this process. Since communities are often not homogeneous, explicit measures often need to be taken to ensure that programs are socially inclusive - giving voice and decision making responsibility to women, the elderly, youth, religious and cultural minorities, indigenous and other ethnic groups, those with HIV/AIDS, and the disabled. When community-driven development does not pay attention to issues of social inclusion, groups of poor people may be excluded, investment choices may not reflect the true needs of the poor, and impacts may be significantly compromised.

2.1.4 Gender in Community Participation³

Gender is a particularly important cultural factor in improving community water, sanitation and hygiene status. It also has a relationship with community participation. Gender is the culturally defined division of work and areas of responsibility, authority and cooperation between men and women. For every improvement related to health, water, sanitation and hygiene, one must ask if it concerns men, women or both and whether either category has specific needs, priorities and resources. Communication channels and messages must be developed for both men and women.

A gender strategy is also needed in community managed WASH programmes. This is because men and women are motivated by different factors to support and adopt hygiene changes. Without a good gender strategy, women often find that their physical work in WASH has increased while decision and management positions have gone to men. A gender strategy helps men and women both to take part in decisions and find common solutions for conflicting interests.

When dealing with gender, it is important to note that women and men do not necessarily belong to one homogenous group, but may have different concerns according to age, class, economic and educational status and ethnic and religious group. It is not enough to consult and plan separately with men and women without also distinguishing between wealth, age and other socio economic and cultural divisions in the society. In most areas of domestic hygiene in which the women are involved, they do the work and take management decisions in and around the house, educate the children and are change agents in contacts with other women.

6 steps for gender approach in hygiene programs

1. Assess with men and women what male and female WASH practices need to be changed, and who has the responsibility, authority and means for action.
2. Choose and test key messages, products and communication channels for change on relevance for, and applicability by women and men.
3. Get understanding and acceptance from men for women to take part in the consultation process and in management decisions and functions.
4. Assess whether the programs also addresses men to improve their own hygiene practices, and support hygiene improvements of their children and women in their home and community.
5. Ensure that the program does not increase women's burden, but contributes to better division of work and responsibility between women and men.
6. Ensure equal representation of men and women in training programs, and adjust training events to overcome cultural limitations for women's participation.

A useful tool used in analyzing gender is the Gender Task Analysis Tool. It identifies the roles undertaken by men, women, young boys and young girls at the household and community levels. It would be able to take additional tasks and to introduce changes necessary to prevent diarrhoea diseases amongst others.

³ World Health Organisation (WHO) Alma-Ata Declarations 6-12 September 1978

In water and sanitation	In hygiene promotion
Lack of consultation with women and youth results in failure of many new water supply schemes.	Polluted water may affect women and children mostly due to higher levels of contact with polluted water during collection, bathing and drinking.
Inappropriate technology choice and location. Failure to consult the most important users (usually women) in the development of new water supply schemes often results into poor technology choice and location, inappropriate payments and maintenance systems that lead to rapid breakdown.	

Benefits of gender mainstreaming in communities⁴

- Improved efficiency of water, sanitation facilities and hygiene behaviour.
- Improved sustainability of water supply systems, sanitation facilities and hygiene practices.
- Improved social economic development.
- Eventually translating into reduced mortality.

2.1.5 Facilitation of community processes

Facilitation is a decision-making process guided by a community worker or volunteer who ensures that all affected individuals and groups are involved in a meaningful way and that the decisions are based on their input and made to achieve their mutual interests. Facilitators may be outside third parties or community leaders trained in the process.

- To work with community members to create a vibrant/dynamic and learning community. The community facilitator's role is to facilitate community and responsibility, not to force it. A community facilitator will have a number of floor meetings and a number of personal one-on-one interactions with the community members.
- To engage in the process of supporting communication between people to improve creativity, decision-making and productivity.
- Facilitators ensure:
 1. Team building
 2. Conflict resolution
 3. Strengthening client relationships
 4. Increasing productivity

⁴ WDRWC/UNICEF (1998): Gender dimension of internal displacement, New York

2.1.6 The roles of other actors

National government

National government officials, as policy makers, are often key advocacy targets, but some may also be influences or even allies on a particular issue. As with local government, some departments may be able to exert influence (or even power) over others: for example, the Ministry of Finance may be able to affect the policy of another ministry through its influence over budget allocations to water, sanitation and hygiene programs.

Civil society

NGOs and other civil society groups, as implementers of hygiene, sanitation, and water supply projects may be partners in advocacy initiatives, or may influence, providing examples of good practice and the working out of policy alternatives. International NGOs sometimes have a key opportunity to influence donors and other international organizations and can thus be strategic allies or influences. NGOs may themselves be the targets of advocacy for better practice or policy in their role as donors or as operational practitioners.

The private sector

The role of private water companies is increasing around the world, as the privatization of water supply and sanitation services becomes more common. On issues of privatization, they are likely to be advocacy targets or even adversaries.

International donors and multilateral organizations

International donors and multilateral agencies have an influential role to play in the development of hygiene, water and sanitation policy. As key funders of water, sanitation and hygiene programs, they are in a position to impose criteria on government policy on the same. They may therefore be both influences and advocacy targets themselves which also extends to program beneficiaries.

2.2 Community management

Community management of water resources, sanitation and hygiene is a core aspect of the sustainability principle. To realize community management, communities and external agencies must work in partnership, so that the resources of each are used in the most effective manner to develop dependable and sustainable water supply systems, sanitation and hygiene services.

The most effective community management is an ever evolving partnership, in which community centered organizations draw on resources from within the community, from other communities and from a variety of governmental and non-governmental agencies. In organizing collective efforts, several groups within a society can contribute in accordance with their strengths and experience.

Success in one community often stimulates success in a neighboring community through horizontal or vertical linkages (peer to peer learning). Pooling resources among communities can bring faster and more cost effective implementation of a WatSan project. Because freshwater resources, sanitation and hygiene are lifelines of a community, it's

essential that communities get involved and work together to ensure that they have a continuous provision of these finite and basic resources for survival. This calls for decisions to be taken at the lowest appropriate level, with full public consultation and involvement of users in the planning and implementation of projects.

2.3 Conflict resolution

Conflicts over water are significantly being experienced among local, national and international communities. There are an estimated 300 potential conflicts over water around the world, arising from squabbles over river borders and the drawing of water from shared lakes and aquifers.

To open a negotiation process, it is prerequisite to analyse the needs and constraints regarding water stakeholder groups and sectors. This avoids exacerbation of rigidities, non-cooperative behaviors and open conflicts. A wide participation from all relevant parties is fundamental to understand each one's position and activate negotiation processes.

The challenge is to find a mediator who can effectively overcome the traditional mistrusted relation among the communities sharing a common source. This mediation group will comprise of elders in the community, representatives of clans and representatives of institutions, opinion leaders, CBO leaders, and religious leaders.

This group will:

- Identify existing conflicts in regard to access, use and decision-making on water and sanitation facilities.
- Describe roles of various actors (by gender) and relevant mechanisms of resolving conflicts.
- Identify potential future conflicts and how they can be avoided.

To reduce occurrence of conflict, an organized community group may consider the following factors:

- Having clearly defined roles.
- Clear clause in the constitution that deal with conflicts.
- Establish channels of airing views (group discussions)/promoting openness
- Win-Win situation (is a situation that all participants profit in one way or the other), a give and take policy.
- Fair distribution of benefits and resources.
- Participatory development approach (where the community and stakeholders are collaborators in a project at every stage of project development).
- By use of all available communication channels (suggestion box, letters, etc.).
- Servant leadership (form of leadership that encourages collaboration, trust, foresight, listening, and the ethical use of power and empowerment).

2.4 Resource mobilization for community projects

Communities may be required to make contributions towards their projects. This practice has over the years been used to measure community readiness to take up even bigger and expanded roles in the whole project cycle. Whereas the amount of contributions varies with location, there would certainly be a percentage agreed upon by development agencies together with communities. This percentage may be in the form of cash or in-kind (time, land etc).

Other forms of resource mobilization include grants, loans and donations from individuals or institutions towards a particular initiative. The critical aspects are to ensure that communities are aware of the funding situation and their role in managing the funding or any other project assets in order to build mutual trust.