Revista Científica y Tecnológica UPSE, Vol. III, N. 2, Pág. 77-81(Jun., 2016)

12

HOW CAN BASIC SERVICES BE PROVIDED IN POOR COMMUNITIES?.

Datzania Villao Burgos

HOW CAN BASIC SERVICES BE PROVIDED IN POOR COMMUNITIES?
COMMUNITY PARTICIPATION AND PROVISION OF WATER AND SANITATION SERVICES: CASE OF SANTA ELENA-ECUADOR

Datzania Lizeth Villao Burgos
Carrera de Administración de Empresas
Universidad Estatal Península de Santa Elena (UPSE)
Campus La Libertad, vía principal Santa Elena – La Libertad
La Libertad-Ecuador
datzaniavillao@gmail.com

Abstract

Despite some authors contesting that participation makes no difference, community participation is important for policy implementation. However, in order to community participation can be effective, people have to participate in all levels of a project.This article examines how sanitation services, can be provided in poor communities. The paper examines the case of "Salud Para el Pueblo" (SPP), a project that provided sanitation services in Santa Elena –Ecuador with the active participation of the community. The paper argues that to increase the provision of water and sanitation services, it is necessary to include the community in the planning, design, implementation and maintenance of the project. The article examined the literature about community participation and related it to the community participation in SPP. As a result of the involvement of the community, the project reflected community´s real needs, increased their accountability, reduced costs of the project and also contributed to better health in Santa Elena.

Key words: *participation, sanitation facilities, Santa Elena, community*

1. Introduction

Water and sanitation facilities are essential basic services for health and quality of life. Sanitation facilities include management of solid waste, storage and treatment of human excreta and connection to sewage systems (Poverty Action Lab 2012, p. 10). These services are so essential for people because the lack of these can produce many mortal diseases such as diarrhea, malaria and cholera (Hubbarda et al. 2011, p. 326). However, it has been pointed out that worldwide 2. 6 billions of people do not have access to any type of toilet and 884 millions of people do not have access to drinking water (Galvin 2015, p. 9). Although there have been some efforts to improve the provision of safe water and sanitation, these attempts have included little participation of the communities or none at all. Factors such as lack of funds and resources of governments, lack of accountability of the community, physical constrains in the communities and community values are some of the barriers that have not allowed providing water and sanitation services to the poor (Gomez & Nakat 2002, p. 343).

In response, community participation has been taken into account to address some of these barriers, which has showed that can enhance the access of water and sanitation services and improve heath. Participation is defined as the process in which people influences and share responsibilities in projects, programs and initiatives that affect their lives (Rietbergen et al. 1998). In this sense, the level of participation of the community can be different and depends of each project. Community can participate in the planning,

design, implementation and maintenance of the projects. Several projects of water and sanitation provision have showed that community participation can increase the access of these services and contribute to better health especially in poor communities in developing countries (Somick et al. 2006, p. 3).

In 1991, Ecuador undertook a project that had as a main objective to reduce the cases of cholera in the poorest communities through the provision of water and sanitation services. This project was called Salud Para El Pueblo (SPP) and was first implemented in Santa Elena Peninsula with the support of several national and international NGOs (Kalson & Beker 1998, p. 24). One of the main components of the project was the active participation of the community in the different phases of the project. As a result, the access of water and sanitation facilities increased in these communities (UN Habitat 1998). Furthermore, water diseases decreased in significant percentages. This paper argues that to increase the provision of water and sanitation services, it is necessary to include the community in the planning, design, implementation and maintenance of the project. Community participation reflects their real needs, increase their accountability and reduce costs.

This paper is organized as follows. The first section explains how community participation can improve the provision of water and sanitation services. The second section provides a background of the case study in Ecuador. The third section provides details about how community participation has increased the access of water and sanitation services in Ecuador. The four section concludes the paper.

2. Community participation and water and sanitation services

The benefits of community participation in water and sanitation services have been highly recognized. These benefits have been presented in the different phases of projects about water supply and sanitation services. This participation has been identified in the planning, design, implementation and maintenance of projects.

In case of planning and design, community participation has come in different ways. In the planning level, the planners work with the community to explain what are the cost and benefits of a project of water and sanitation services. The community can participate through the data collection for themselves about their needs. This information serves as inputs for a project to design water and sanitation services that reflect their real needs (Banana et al. 2015, p. 36). When community is involved in the design of a project, they can get greater confidence in their ability to propose solutions for their problems. This also empowers the poor and builds awareness about the causes and consequences of the lack of sanitation in their communities. Then, communities are more committed with the goals of the project because they feel that the project belongs to them (Nance & Ortolano 2007, p 285). Furthermore, the information that community gathers and their level of organization also serves to leverage with governments to ask for their support in the provision of these services (Banana 2015, p. 36). In fact, it has been pointed out that governments are more willing to support water and sanitation services when the community is organized and can provide inputs to the project (Satterthwaite et al. 2015, p.10).

In the phase of implementation, community participation is essential to increase the access of water and sanitation services. Community can provide funds for the construction of these services. It has been pointed out that poor communities can have access to microfinance supported by their savings (Afrane 2014, p. 135). However, when poor communities faced problems of income, they prefer to contribute with labor. When they contribute with labor, it enhances the possibilities for them to access to these essential services because the costs of the project are reduced (Nance 2007, p. 285).

In the phase of maintenance community participation is also important to ensure sustainability of the project. This phase includes the management of water and sanitation systems by the community. Providing information and training to the community to maintain these systems can make the project sustainable and reduce costs. Moreover, community can be committed to continue working to improve the current systems (Kanton 2010, p. 213). This is very important because it means that these services would continue when international agencies withdraw their support (Gomez & Nakat 2012, p. 346).

Although, the benefits of community participation are high, there are also some problems. Participation can be focused on following technical practices imposed by external agencies without adapting initiatives at

local level (Somick 2006, p. 3). The time is another problem. The participation of the community can also be time consuming given the heterogeneity of them. This can delay the process of design and implementation of a project because some members of the community cannot agree with aspects of the project (Somick et al. 2006, p. 6).

3. Background of SPP in Ecuador

In 1991, there were reported 312,000 cases of cholera in the Andean countries (U. N Habitat 1998). Ecuador reported 13, 900 cases, with the majority of cases in the coast region (National Direction of Epidemiological Control 1991). One of the most affected zones in the Coast was Santa Elena Peninsula which was a poor rural area identified as an outbreak zone. Laboratories studies showed that the water that people was consuming in this zone, was contaminated with faecal material. It was also reported that in this zone, communities did not sanitation facilities. In fact, less than 10% of households in this zone did not have any form of toilet (Kalson & Baker 1998, p 24). Concerns with these statistics, the International Rotary Club in Ecuador with the support of Public Health International (PHI) and two national NGOs, created the project SPP. The project started with $ 4000 provided by the international NGOs and covered 6 villages in Santa Elena (UN habitat 1998). The main areas of the project were the provision of sanitation facilities, potable water systems and health education.

4. SPP and water and Sanitation services

SPP started with six poor villages in Santa Elena Peninsula. This involved the communities in the different stages of the project.

4.1. Planning and Design

In 1991, although some efforts of the central government to provide health education and water and sanitation infrastructure, the government had fiscal problems and the Ministry of Health was considered so centralized (Kalson & Baker 1998, p. 24). For these reasons it was difficult to provide health education and sanitation infrastructure for poor communities. That is why, the project started to create a new organizational structure in order communities can participate actively in the provision of water and sanitation services. For this, the project in the phase of planning started to organize the communities in committees elected by each community. Given the high cases of cholera in these communities proven by laboratories tests, and the socioeconomic homogeneity of the zone, the communities were willing to participate in the project (Gomez & Nakat 2009, p. 350). The planners, the Rotary Club international and PHI, were in charge of the organization, coordination, provisions of funds and technical support. These NGOs worked with the committees to explain the cost and benefices of the provision of water and sanitation services (UN Habitat 1998). The committees were in charge to gather information about their needs of water and sanitation services. Moreover, these committees were responsible to transmit information to the rest of the community about the problems related with lack of sanitation and safe water and the possible solutions. Besides, the national NGOs were in charge to provide funds, technical support and health education as well.

By design, SPP took into account the problems and needs of these communities and designed simple water and sanitation facilities. Given that the communities were placed in rural areas, they faced physical constraints because they did not have any connections with trunk networks for water supply and sewerage system for solid waste (Kalson & Baker 1998, p. 25). That is why latrines were the best options for these communities as sanitation facilities. In case of water supplied, a communal water system was implemented for each community. This reflected what the community wanted and what was able to maintain according to the information that the committees gathered (UN Habitat 1998).

4.2. Implementation

The community was an active actor in the implementation of SPP. Taken into account that the communities were so poor to pay for sanitation and water infrastructure, they contributed with labour to construct the latrines and the communal water systems. For this, two national NGOs PORVENIR and BASBASE provided technical support and funds for the latrines infrastructure (Sustainable Development 1998). This was so important because the funds only served to buy the material for the infrastructure whereas the labour was provided by the community. This reduced significant cost in the project (Kalson & Baker 1998, p. 25). Moreover, the planners provided health education in order the communities boil the water and disinfect it with chorine (Gomez & Nakat 2009, p. 350).

4.3. Maintenance

Apart from the training in health awareness, the project also provided training for the maintenance of the latrines and water systems. This was so important because the community got knowledge about several standards and recommendation given by the NGOs to maintain the water systems and latrines. With this training the planners wanted to assure the sustainability of the project when they withdraw their support.

As a result of SPP**,** in 1998, after seven years of implementation, the project covered 56 villages with approximately 56,000 people. The 95% of communities in Santa Elena had access to safe drinking water and 70% had adequate sanitation. Moreover, in 1998 the communities that were part of the project did not present any single case of cholera. Besides, diarrhoea in these communities decreased from 22% in 1990 to 1% in 1998 (Gómez & Nakat 2009, p. 349). An additional benefit was that the community learned how to be organized and build partnership with other actors. In this sense, in 1998 when the project finished, the communities asked for the support of the government to increase the coverage of the project. As a result, the government was committed to increase the coverage of the project in other poor communities of the zone (UN habitat 1998).

5. Conclusion

This paper showed that the benefits of community participation are high and can increase the provision of water and sanitation services in poor communities. The community participation can be useful in the different levels of a project. The case of SPP in Santa Elena-Ecuador showed that effectively, community participation in the different phases of a project can increase the provision of water and sanitation services. The case also showed that community participation can help to overcome some of the barriers to provide water and sanitation services such as the lack of resources of the government and lack of community accountability. The results not only reflected the increase in the provision of these services but also the improvement of heath in these communities.

SPP showed the benefits of community participation in different phases. First, the community was included in the planning and design phase where they gathered information about their needs and problems which was showed in the simple water and sanitation infrastructure design. Here is important to highlight that it was easy to engage the community to participate given the homogeneity of their characteristics. This helped to increase the accountability of the community to attain common goals. Moreover, given the inability of the government, international and national NGOs played an important role in the planning, coordination and funding of SPP. This showed that many times NGOs can fill the gap left by governments. Second, during the implementation phase, local resources such as labor and local knowledge were used. This helped to reduce cost of the project and showed that sometimes it is not necessary that the community provide funds. This is because, when they are organized and have experience in working with other actors, they can leverage with the government to ask for additional funds. Third, apart from the health education, community also received training to maintain the systems of water and sanitation. With this, the planners were ensuring the sustainability of the project when they withdraw their support.

SPP offers important lessons for projects in water and sanitation services. Including the community in the process and providing training and education can ensure successful outcomes in heath and provision of services.

6. References

[1]Afrane, S 2014, ' Expanding the Frontiers of Microfinance in the Service of the Poor: Experiment with Water and Sanitation', *International Journal of Academic Research in Business and Social Sciences*, vol. 4, no. 6, pp. 113-145.

[2] Banana, E, Chitekwe, B & Walnycki, A 2015, 'Co-producing inclusive city-wide

sanitation strategies: lessons from Chinhoyi, Zimbabwe', *Environment & Urbanization*,

vol. 27, no 1, pp. 35-54.

[3] Galvin, M 2015, 'Talking shit: is community-led total sanitation a radical and revolutionary approach to sanitation?', *Advanced Review,* vol. 2 pp. 9-20.

[4] Gomez, J & Nakat, A 2002, 'Community participation in water and sanitation', International *Water Resources Association,* vol.27, no 3, pp. 343-353.

[5] *Hubbarda*,B, Sariskya,J, Geltinga,R, Baffigo , V, Seminarioc,R & Centurion, C 2011, 'A community demand-driven approach toward sustainable water and sanitation infrastructure development', *International Journal of Hygiene and Environmental Health,* no 214, pp. 326-334.

[6] Kalson, D & Baker, R 1998, 'Fighting cholera in Ecuador: building a public health system that works'**,**

Journal of Environmental Health, vol. 60, no 6, pp. 24-26.

[7] Kanton, I 2010, 'Community involvement in urban water and sanitation provision: the missing link in partnerships for improved service delivery in Ghana', *Journal of African Studies and Development*, vol. 2, no 8, pp. 208-215.

[8] Nance, L & Ortolano, L 2007,'Community participation in urban sanitation: experiences in northeastern Brazil', *Journal of Planning Education and Research* , vol. 26, pp. 284-300.

[9] National Direction of Epidemiological Control 1991, *Cholera in Ecuador*, National Direction of Epidemiological Control, viewed April 1 2015,

< http://bvs.per.paho.org/texcom/colera/IBarragan.pdf>.

[10]Rietbergen, J. & Narayan, D 1998. *Participation and social assessment: tools and techniques*, *World Bank*, viewed April 28 2015,

<http://wwwds.worldbank.org/servlet/WDSContentServer/WDSP/IB/1996/04/01/000009265_3980624143608/Rendered/PDF/multi0page.pdf>.

[11] Poverty Action Lab 2012, *Improving access to urban services for the poor*, Poverty Action Lab, viewed May 1 2015,

< *http://www.povertyactionlab.org/publication/improving-access-urban-services-poor*>.

[12] Satterthwaite, D, Mitlin, D & Bartlett, S 2015, 'Editorial: is it possible to reach low-income urban dwellers with good-quality sanitation?', *Environment & Urbanization* , vol. 27, no 1, pp. 3-18.

[13] Seetella, M 2007, 'Successful community-based sanitation delivery boasting many spin-offs', *Magazine of the South African Institution of Civil Engineering*, vol. 15, no 10, pp. 13-15.

[14] Somik, L, Deichmann, U, KA, M, Chaudhury, N 2006, 'Tenure, diversity and commitment: community participation for urban service provision', *The Journal of Development Studies*, vol. 40, no 3, pp. 1-26.

[15] Sustainable Development 1998, *Salud Para el Pueblo - a health and sanitation project of the Rotary Club*, Sustainable Development, viewed April 28 2015,

<https://sustainabledevelopment.un.org/content/dsd/dsd_aofw_mg/mg_success_stories/csd6/health-p.htm>.

[16] United Nations Habitat 1998, Salud para el pueblo in Santa Elena-Ecuador, United Nations hábitat, viewed April 28 2015,

<http://mirror.unhabitat.org/bp/bp.list.details.aspx?bp_id=3584>.