PROJECT SAMBIZANGA

A Case Study

Cooperation, Integration and Community Devleopment

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Executive Summary

This case study analyzes Project Sambizanga's ability to meet it's objectives by identifying and critiquing planning and implementing methods as well as the Project components water, sanitation and waste management, community development, training and health. Each section identifies Development Workshop's main challenge in implementing this Project; to integrate and coordinate all Project components in an Angolan context of political and economic instability. Each section suggests that government, company, community and individual cooperation are essential for the replicable and sustainability of the Project. Suggestions for improving future initiatives in the peri-urban areas of Luanda are provided.

In the water component, all major Project objectives were met. By the end of 1995, user groups and their committees were managing minor standpipe repairs on a regular basis. The continued success largely depends on EPAL's questionable ability to extend services and maintenance.

Problems of local garbage accumulation was reduced and long term strategies for dealing with garbage were communicated to the community. Further advances require that ELISAL provide essential support. Success in latrine and production workshop activities can be seen both by the increase in the number of households with latrines and a community demand for latrines that is beyond current production capabilities.

Community development is key to insuring that interventions are sustained in the future. Needs assessments carried out by trained, local activists, community participation in Project planning and implementation, and promotion of grassroots groups, organizations and project, through the Small Initiatives Fund and management advice, all contributed to providing necessary person to person interactions for community building. Successes in community development and social mobilization lead to improvements in all health.

Beneficiaries lacked appropriate skills and education, training members of the community was essential for Project sustainability. Training in technical, managerial, and interpersonal skills contributed to sustainable management of environmental services and increases in community health awareness.

Community awareness of health issues in combination with improvements in sanitation and water lead to an improvement in health. Further, improving the skills of health workers can ensure proper health promotion for the future.

The Project's work in Ngola Kiluange has stimulated groups and organizations to consider similar projects in other peri-urban areas. Replication of a community based model will depend on future population, economic and political stability.

ACKNOWLEDGEMENTS

We would like to extend our gratitude to Dr. Farokh Afshar for his guidance and support. We like to thank all of those who provided information about Project Sambizanga: Mrs. Maribel Gonzales and Mr. Andrew Kirkwood. Last but not least, we wish to extend our gratitude to the graduate students of IRDP course for their moral support throughout the seminar presentations.

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ACRONYMS AND ABBREVIATIONS

AKRSP	: Aga Khan Rural Support Program
CBO	: Community-Based Organizations
CIDA	: Canadian International Development Agency
CIH	: Community Involvement in Health
DW	: Development Workshop
ELISAL	: Rubbish Removal Company
EPAL	: Provincial Water Company
ERR	: Economic Rate of Return
GARM	: Government Office for Musseques Upgrading Interventions
HRD	: Human Resource Department
MOH	: Ministry of Health
MPLA	: Popular Movement for the Liberation of Angola
NGO	: Non-governmental organizations
ODA	: Overseas Development Assistance UK
OWA	: One World Action
PS	: Project Sambizanga
SCWP	: Sambizanga Community Water Project
SIDA	: Swedish International Development Agency
UNDP	: United Nations Development Program
UNICEF	: United Nations International Children's Emergency Fund
UNITA	: National Union for the Total Independence of Angola
USRP&D	: University School of Rural Planning and Development
WB	: World Bank
WCED	: World Commission on the Environment and Development

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GENERAL INTRODUCTION

How do six very different International Rural Development graduate students study a case like Project Sambizanga? We began by studying the Project Reports, the history of Angola, the implementing agency Development Workshop (DW), the methods used for the Project, extra background literature and interviewed several people who were part of the Project. Analysing, critiquing, compiling, writing, and discussing formed the latter part of our study, the results of which are being presented to you here.

Due to the size of our group it seemed logical to assign each group member a section of the Project. In this way we felt we could thoroughly examine the processes and weaknesses of the Project. The first section, by Lisa Brinkman, explores planning and implementation methods used by DW for the Project, assesses the Projects overall objectives. The second section, by Ashley Bristowe, deals with the most successful component of the Project, the water. The third section, by Ahmed Mohamed, looks at sanitation and waste disposal component. The fourth section, by Kyle Whiting, discusses how community development played a major role in the Project. The fifth section, by Sardar Newaz Khan, emphasizes the significance of the training component of the Project. Finally, the last section by Shantelle Marcoux, describes and critiques how the Project strived to improve the health of the people of the peri-urban areas of Luanda.

Each section provides its own critique and suggestions relating to the topic of the section. Background information about Project Sambizanga, Angola, and DW is provided within each section when this information is required and supports the section.

Much like the problems Project Sambizanga faced, we were not able to fully integrate our criticisms; allow us to explain. A common theme that implicitly lies within all of the six reports is that each component of the Project is dependant all other components. Cooperation, dialogue, and integration are key concepts for this Projects success. However, integrating all components requires full cooperation from donors, government, company, community and individual partners. In an unstable economic and political situation like Angola this is not always possible. As will be revealed, DW is most successful when they strive for goals that do not require too much dependance on partner cooperation. The key to a sustainable project however is to have initiatives operated by beneficiaries or partners. It is still early to assess to what extent the Project is sustainable or replicable; many of our sections emphasize that time is the best indicator for Project success.

Officially Project Sambizanga is over. Here we present our best efforts to understand, evaluate and critique Project Sambizanga.

Section 1

PROJECT SAMBIZANGA PLANNING AND IMPLEMENTING METHODS

1.0 INTRODUCTION

Development Workshop (DW) has strategically utilized knowledge and relationships established in the 1980's to plan and implement an integrated community based project upgrading the peri-urban areas of Luanda in Angola. I will discuss the methods DW uses to plan, implement and evaluate Project Sambizanga. The methods applied to the Project have allowed DW, for the most part, to meet all of the objectives set in 1992. Complications arise when DW strives to achieve goals beyond their means; such as adopting a market based approach and a building a community based model.

1.1 OVERALL PROJECT OBJECTIVES

Project Sambizanga's objectives are summarized in the 1995 Annual Report.

> The project aims to develop a community based model for environmental services and public health upgrading for peri-urban areas of Luanda. To respond to the basic needs of a vulnerable target group of approximately 150, 000 people within Lunada's Peri-Urban Musseques. The project aims to assist the target population in improving access to basic services of water suppl, sanitation and primary health, through a programme of physical improvement of key facilities and social promotion involving the participation of the affected population themselves (DW, 1995, p.8).

I will explain the methods used by Development Workshop (DW) as they strived to create a community based model that would respond to water, sanitation, and health needs by integrating neccessary physical improvements and training with community and government cooperation.

1.2 DEVELOPMENT WORKSHOP

Development Workshop (DW) is an NGO founded in 1973 by 4 architectural students. Initially DW approached development by targeting shelter, and physical settlement. In the past ten years DW has chosen to target only a few areas applying a more integrated approach to development. Jazairy points out that smaller NGO's, such as DW, have a tendency to specialize in a particular area or sector, which can lead to a greater responsiveness to the needs of potential beneficiaries. He further states that while NGO's can play an important role in relieving poverty, it is vital that in any particular situation they have a comparative advantage in order to achieve maximum responsiveness (Jazairy, 1992, p. 347). By building knowledge and understanding of local conditions in Luanda's *musseques* and establishing relationships with the local communities and the Angolan government over time, DW feels they have built a comparative advantage for the implementation of Project Sambizanga (DW info, 1995, p.3).

1.3 THE INTEGRATED AREA APPROACH

The integrated area development approach strives to identify development problems and opportunities by examining all factors affecting a targeted area; it's natural, built and social environments. To be most effective this approach requires social group, organization and sector specificity. Ideally, analysis, eventual understanding and cooperation with local government ministries and departments, community organizations and local agencies is aquired within a particular area. With this approach, integrated recommendations are made by the implementing agency who isolates each sector and focusses on entry points which support a wider development objective (Afshar, 29-10-96, lecture).

Development Workshop applied an integrated area approach to Project Sambizanga. Refer to Appendix 1 for the Project area, Sambizanga Municipality in Luanda, Angola, Africa and the pilot Project area in Ngola Kiluange (within Sambizanga Municipality). The area approach is most useful when the targeted spatial areas are the same as government's defined areas for local representation (Conyers and Hills, 1984, p.212). To this end, it should be noted that the Sambizanga Municipality is a recognized district by the Angolan Government.

DW has been one of the only international NGOs with a continuous field presence in Angola since the 1980s (DW info. doc, 1995). Before Project Sambizanga, DW informally began a joint *musseque* upgrading initiative with Angolan professionals from the National Department of Urbanism and the Angolan Women's Organization. At this time DW and Angolan experts together conducted evaluations on environmental health problems in the *musseques*. Based on the recommendations of these evaluations and utilizing the connections DW had made, the Project area was chosen (DW, 1992, p.7).

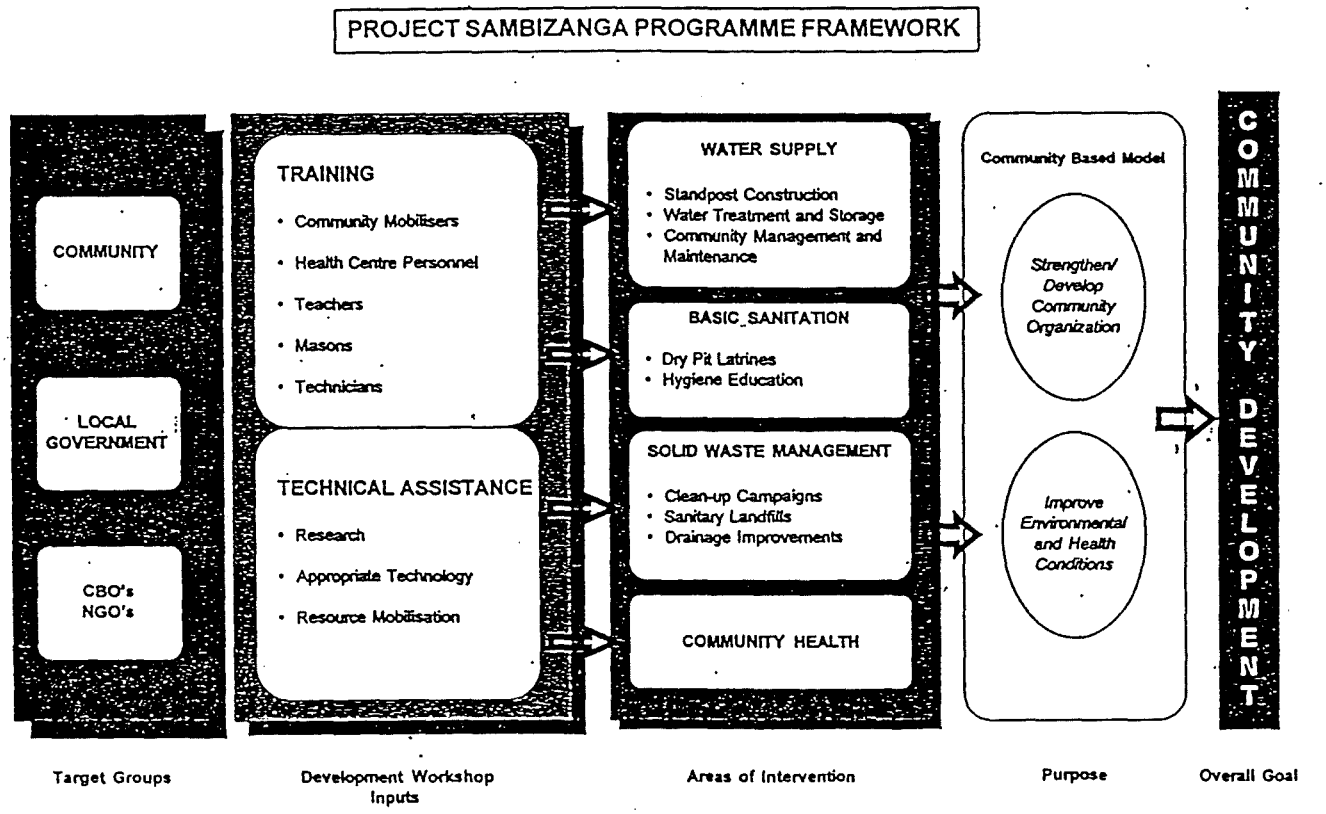
The primary entry points for DW in Sambizanga are water supply, basic sanitation, solid waste management and community health. DW's experience in Angola allowed them to examine Sambizanga, develop relationships and understanding of levels and responsibilities of government departments and social groups, and to analyse problems and priorities of the people in the *musseques.*

In the late 1980s, with the support of the Ministry of Health (MOH), a project Community Development Sector was created and a series of detailed sectoral studies were carried out. These studies aimed to define project priorities in line with the resident's felt and absolute needs. In 1991 DW entered an agreement with the MOH to collaborate on a sanitation programme in Sambizanga and with the Provincial Government on a community water plan to the project area. A project field

office was opened in May 1991. Project Sambizanga officially began in 1992 (DW, 1992, p.7). Meeting the felt and absolute needs of the people through local participation was sought by DW in a coherent, integrated project plan, see Figure 1.

FIGURE 1

PROJECT SAMBIZANGA INTEGRATED PLAN (DW, 1995, P.9)



1.4 IMPLEMENTATION

Implementation is defined by Conyers as the whole process of translating objectives into visible results in the form of specific programmes of action (Conyers and Hill, 1984, p.155). Honadle suggests that "implementation refers to the process of converting resources into goods and services which support behaviour changes in beneficiary groups" (Honadle, 1979, p.6). However, "the best plan is of little value if it is not followed by effective implementation" (Sarget et al, Island Press, p.42).

DW's Project implementation strategy includes 1) training of community development workers, health workers and local craftspeople, 2) small-scale upgrading of water and sanitation, and 3) supporting of community development through community based organisations and community development work.

To ensure that implementation takes place efficiently DW coordinates the various stages of the planning process by using tools such as 1) Project Breakdown Structure (refer to Appendix 2), 2) Critical Path Analysis (refer to Appendix 3), and 4) Logical Framework Analysis refer to Appendix 4).

1.5 IMPLEMENTATION BARRIERS

1.5.1 Systematic Implementation Techniques

There is no indication in the Project reports that the implementation tools mentioned did not assist DW in meeting their objectives. Yet, as an evaluator of this Project I will point out an arguement well articulated by Doug Porter. Porter cautions that assumed rationality of Project planning, implementation and evaluation methods has in the past contributed to a lack of sustainability in development Projects. He points out the primary importance placed on

"functionalist, organic metaphors of systems language and allied techniques" (Logframe, critical path analyses). These tools originate from western rationality and can systematically exclude beneficiary thought processes. When the implementing agency phases out, one common reason for a project's lack of sustainability is that the implementation methods required are not consistent with the local knowledge and thought processes (Porter, 1995. p.76).

DW became aware of this sort of problem as evidenced in the Interim report, and provides their own solution. During the evaluation it was suggested that it would be "necessary to increase the capacity of local organizations to systematically plan, implement, manage, and evaluate programmes and projects if such organizations are to assume increasing responsibility for such endeavours" (DW, 1994, p.4). In the final report it is stated that planning skills, financial controlling, computer literacy, language, administration, librarianship, and budgeting were taught. In addition, a coordinator was taught at the British Council for training in Cranfield School of Business Studies in the U.K. training in enterprise and development (DW, 1995, p.41-43).

Will the Angolans who have been taught rational, systematic, western planning techniques be able to sustain the project? Even the Angolan woman who was trained in the U.K. must learn how to translate her new skills so she can work with Angolan people and an Angolan context.

For these reasons, perhaps more effort should be given to utilizing resources found in the *musseques*, such as local knowledge. It is possible that DW has trully maximized it's use of local knowledge, however this is not indicated in the Project reports. Also, we realize DW is faced with the problem that Angolans are given few opportunities to learn skills of any tradition, western, Portuguese, Angolan or otherwise.

1.5.2 The Integrated Area Approach

Porter theoretically critiques the integrated area approach by pointing out that isolating different levels of decision making and activity into sections comes from Western technical rationality. Following from this rationality it is assumed that the sections can be removed, manipulated and then reinserted into the culture in order to bring about desirable outcomes in a controlled manner. However, integration and cooperation of social, cultural and political components are in most contexts inconsistent and complicated (Porter et al, 1991, p.185). Certainly, these are factors that DW faces in the Angolan context. Political tensions rise and fall and rapid population increases in the musseques (Refer to Figure 2) tends to break down any advances made toward control. Despite this, DW does manage to insert valuable changes. Refer to Figure 3 for Project outputs.

FIGURE 2

POPULATION ESTIMATES	1988	1995
Sambizanga Municipality	159 000	246 000
Ngola Kiluange Communa	41 000	92 000

(DW, 1996, p.22)

The different sections, mentioned by Porter, are defined by Uphoff as decision making bodies. According to Uphoff these bodies are at the national, locality, group, household and individual levels (Uphoff, 1986, p.11). DW utilizes these divisions by targeting the Ministry of Health, Angolan NGOs, churches and individual felt needs (DW, 1995, p.2-5). DW takes on the responsibility of improving environmental conditions in the musseques by inserting small technical innovations at the household (latrines), group (management training) and local (water stand posts)

levels. Problems for DW arise as they attempt to maintain order and dialogue between the different levels of decision making, particularly with government cooperation.

A practical criticism of the integrated area planning approach to development is that government participation with local efforts is rarely achieved effectively. There is strong evidence that many successful projects begin with close leadership ties with local government. This suggests that political alliance should be made if efforts are to move forward. Central government support is necessary to give projects widespread effects. Jazairy cautions that local participation at all levels may be achievable temporarily, but does not necessarily lead to sustainability of the project (Jazairy, 1992, p.350). This stems from the fact that each agency often has its headquarters in the national capital and subordinate staff are located at the area level. Thus, attempts to prepare an integrated plan for a particular area is often frustrated by a lack of authority of the local level and inadequate coordination between levels (Conyers and Hills, 1984, p.204).

DW learned in the 1980s that the Angolan government could not be relied on to follow through with agreements made. Government cooperation was evident in 1987 when an autonomous government office, GARM, was formed with a mandate to coordinate multi-sectoral interventions in the *musseques*. Ideally, GARM's role was to coordinate government responsibility for the delivery of services to the *musseques.* Government cooperation with GARM and DW failed for various reasons relating to political upheaval in Angola (MB, 11-1996). By 1990, DW realized that the MOH would be the most effective government partner (DW, 1992, p.7).

Partner cooperation for Project Sambizanga's success was necessary with the Ministry of Health (MOH), a local government water company (EPAL), and a rubbish removal company (ELISAL). Project's relations with EPAL have been maintained and collaboration and dialogue between the community has been effective. However, EPAL has limited control over key factors

such as a maintaining constant flows of water pressure. This requires government support that was not always present; lobbying did occur but was not always successful. The local health centre and the Provincial Preventative Health Care Department have been cooperative with DW's objectives throughout the Project. Initiatives with ELISAL in rubbish removal have been difficult. ELISAL has had financial problems and has not been able to cooperate as fully as they had agreed. Moving garrbage on a regular basis and beyond *musseque* limits were issues of concern. In other instances Project supplies imported from another country did not arrive on time, which stalled the construction of the concrete slabs (Maribel, 11-1996). "In general it has been extremely difficult to promote dialogue between communities and local government about issues which effect the lives of those communities as Local Government is perceived (correctly) to be unable to do anything significant about the problems" (DW, 1996, p.27). Consequently, DW's efforts to implement certain improvements have been partially thwarted by the lack of cooperation by partners. It must be noted, however that this lack of cooperation has most often been due to political and economic instability in Angola.

FIGURE 3 : PROJECT OUTPUTS

Water

- 58 water standposts.
- Trained water technical team capable of future maintenance taskswater supply feeder system to insure future regular supply.
- Cost recovery model which can insure continuous maintenance.

Sanitation

- Increased felt need for dry pit latrine.
- Awareness of hygenic maintenance and use of latrines.
- 240 latrine kits for public and private use.
- Training in latrine construction.
- Establishment of prototype workshop for improved latrine training.
- Construction of improved latrines production unit in pilot project area.
- Reduction in quantity of accumulated rubbish and resulting diseases.
- Sanitary landfills for the use of rubbish in the control of erosion.
- Infill of depressions which collect standing water.
- Improved road access and drainage within the project area.
- Increased household on site rubbish disposal through bruning/burying.
- Increased cooperation from state company ELISAL in rubbish removal.
- Social assistance to displaced persons in the form of food-for-work.

Training

- Financial controller position assumed by Angolan.
- Local staff member prepared for developing DW interventions.
- 2 local staff upgraded computer skills
- Activistas trained in English.
- 2 activistas enrolled in administration course.
- Activisa trained in librarianship.
- Scholarship scheme initiated for activistas.

(DW, 1995)

1.5.3 The Budget

Due to rapid fluctuations in inflation rates in Angola it was difficult for DW to implement a planned budget (DW, 1996, p.23). Further complications for the implementation of the Project stem from the fact that different components of Project Sambizanga were being funded by different agencies. Figure 3 describes how each component of the Project; training, physical upgrading and community development were funded by different donors.

FIGURE 4 : Budgeting Flows

Bilateral	***Multi-lateral Intermediary***	***Implementing Agency***	***Project***	***Components***
Direct funder: CIDA	CIDA	Development Workshop	Training	1. Training Modules 2. Continuing Education
SIDA TROCAIRE	UNICEF	Development Workshop	Physical - Upgrading	1. community 2. water supply 3. solid waste disposal 4. latrines 5. concrete block 6. roofing
SIDA TROCAIRE	UNICEF		Physical Upgrading	same as above
European Economic Community	One World Action	Development Workshop	Community Development	1. Activistas 2. Angolan NGO's and CBO's support 3. community workshops

(Interpretation of DW's Interim Report Budget, 1994, Table 1).

DW's challenge was to implement one cohesive project that flowed smoothly and logically juggling different donor expectations, money releasing schedules, politics and decision making styles. There is no mention of this disadvantage in the reports, but during an interview with one of DW's founders it was suggested that complications did arise as a result of the Project's many donors. At certain points throughout the Project, DW did not even receive a portion of the funding they were promised from certain donor agencies (MB, 11-1996). Documenting such difficulties is not always appropriate for project reports often read by donors. However, it seems that DW manged extraordinarly well coordinating initiatives despite the many Project donors.

1.6 THE PROJECT EVALUATION: It's Effect on Objectives and Method

DW chose to conduct an evaluation in May 1994. This evaluation was intended to assess the Project progress and the extent to which its objectives had been achieved, while considering the appropriateness of the objectives, design, structure, the procedures, and the changing conditions in Angola (DW, 1994, p.8). The May 1994 evaluation was conducted internally by a member of Development Workshop, a representative of One World Action and an Angolan medical Doctor and Luanda Provincial Director of Public Health. Concerns with project methodology and objectives arose from the mid-term evaluation. There was confusion about one of the main objectives , building a community-based model. It was stated that the Project was until 1994 community-linked and not community-based. Also, it was suggested that the Project take on a market approach to development addressing the peoples need for income generation utilizing the technology, training and services offered by DW.

1.7 A MARKET APPROACH?

A market approach means that development would be derived by a willingness and ability to pay itself, driving economic demand and supply for assets, goods and services (Afshar, 19/11/1996, lecture). In the mid-term evaluation it was stated that "for some tasks such as operating water standpipes or market latrines, privatization could compliment community organizations" (DW, 1994, p.3). For example, a study of woman in the informal sector was conducted to establish what areas of intervention could be adopted to improve financial and economic conditions for women, refer to Figure 4. With regard to the findings in this study it was suggested that economic and small-enterprise within the Project could be developed because in certain circumstances, latrine slab and concrete block production units, it had already proved complementary. Further, in poverty-stricken conditions such as the musseques, income generation is a major concern for people (DW, 1994, p.41).

The adoption of a market oriented approach to the Project has not yet been fully realized. Attempts at income generation, small-enterprise and privatisation within the Project have been very difficult, largely due to drastically fluctuating inflation rates in Angola (MB, 11-1996, interview). Further, the stated objectives of the initial Project were not geared towards income generation. DW's intent was to provide basic needs and to teach people how to meet those needs utilizing their own resources and skills. Adopting a new approach would require a new set of objectives, which could be better implemented as a separate Project. This separate Project, if implemented by DW staff, could draw from knowledge gained during Project Sambizanga and adapt accordingly.

Figure 5 : Women Selling Goods in the Informal Sector (VanderWynden, 1996, One World Action)

1.8 A COMMUNITY BASED MODEL

By targeting a typical *musseque*, like Ngola Kiluange, for the pilot project it was DW's overall objective to create a community-based model that could carry development and upgrading work forward on a larger scale (DW, 1996, p.29). For DW, the community-based model increases the capacity of individuals and groups to plan and carry out development activities in an area by integrating and implementing small scale, community level upgrading activities (MB, Nov.29, e-mail). In short, for Project Sambizanga a community-based model is the enhancement of the community's ability to identify and address its own needs through both NGO/CBO and local government organisations. A model that is community-based has been defined by Coombs as a particular strategy based on a certain set of principles and goals that can

be flexibly applied in different situations in a wide variety of ways (Coombs, 1980, p.525).

DW's efforts to replicate the pilot project in different situations was (and still is) dependant on donor funding (Afshar, 11-1996, interview). Components of the project that have been replicated are; a peri-urban standpipe programme for water supply, a household latrine programme, a pilot project to remove solid waste, a programme of support to local initiatives by community organizations and small NGOs, and a community health program.

These spin-off programs represent the start of DW's goal to replicate the community-based model in other areas. It may still be too early to question the success of this Project by assessing to what extent it has reached its overall goal of replicability through building a community-based model. The Project was forced to officially terminate in 1995. Today, only a few of the Projects components are still running. DW is still searching for funding to continue its efforts in Luanda (MB, 11-1996).

1.8.1 An Appropriate Objective?

If DW had not established the community-based model as a primary objective I believe that Project Sambizanga and all of the participants could claim that they have reached 99% of their objectives using the integrated area approach. As previously demonstrated there are many external factors inhibiting model replicability, reliance on donor funding and Angolan government cooperation, population increases as well as political and economic instability.Faced with these constraints DW was forced to exercise charisma and dedication in Project Sambizanga and as a result was successful in meeting its aims to upgrade public health, environmental services and community capacity without a model (refer to Figure 3 for Project outputs).

In addition, it is my opinion that DW's desire to create this model is a reflection of the increasing demand from donors to build models that can be replicated. Jessica Vivian claims that for the most part, community projects implemented by NGOs have been unable to achieve the replicability considered a goal of NGO activity (Vivian, 1994, p.183). The point is also well argued by Devaki Jain:

> There are several reasons why.....successful micro-level projects are not generalizable. One is the charisma and dedication associated with the "first" experiment which usually cannot be replicated. Another is that the financial and ideological investment put into the original is often hard to duplicate. It is the innovative process itself which that generates the first success which counts. The impetus, the consciousness raising, the leadership, the muscle and the "heavy weight" that developed the first project dissipates in succeeding ones that seek to duplicate it. (Jain, 1989, p.76)

Jain argues that no two situations are ever alike; she says that creative responses must grow out of an intimate understanding of resources, people, constraints and political will.

Further, it was mentioned by DW in the 1994 evaluation that the overall objective of a community-based model was a point of contention for DW (DW, 1994, p.14). It was suggested that activities were, until 1994, community-linked and not community-based. This also indicates that replication of a model may be an inappropriate objective especially considering the uncertain political and economic environment in Angola, and the continuously increasing population in the *musseques.* (Refer to Figure 2)

I would suggest that rather than strive for a "model" which implies simplicity, perfection and discourages originality and innovation, DW should build on the lessons and knowledge they have acquired about Luanda to further improve their comparative advantage. This would ensure that each initiative is planned and implemented with equal impetus, consciousness, leadership,

and muscle. The term "model" should be used with caution. If the successes, failures and lessons learned are in fact being learned by the beneficiaries as well as expatriate staff and are being integrated and implemented in other areas, then there may be no need to idealize the process by utilizing a "model".

1.9 CONCLUSION

Considering the many obstacles DW faced when planning and implementing Project Sambizanga they were still able to achieve the majority of their objectives. The integrated area approach served it's purpose well for DW and Project Sambizanga, despite an occasional lack of partner cooperation. DW's success can be attributed to their efficiency, flexibility and innovation as well as their comparative advantage having established relationships and knowledge during initiatives in the 1980's.

Should DW continue to replicate its successes in the form of a community based model in other musseques?I have argued that DW is well qualified to continue efforts in Luanda, however not in the form of a 'model'. The Angolan context is one of change and uncertainty; DW should continue to respond to population, economic and political realities with equal impetus and flexibility. For example, once Angolan economy and inflation rates are relatively stable DW may want to consider market based initiatives that meet peoples income generation needs.

SECTION 2 : THE WATER COMPONENT

2.0 INTRODUCTION

Project Sambizanga, and its Sambizanga Community Water Project (SCWP), have operated in a very unstable political environment in Angola, with inflation out of control, and the water supply system of the government unpredictable. Economic conditions have declined sharply since the middle of 1992 and as a result, much of the adult day is spent generating income necessary for basic survival. Water has an inelastic demand curve in the peri-urban areas of Luanda and is viewed as an absolute priority for any development initiatives. The unit of analysis for the SCWP is the peri-urban *musseque* of Ngola Kiluange, where it has been active in building standposts since Project inception in 1992. The specific goal of the water program is to provide access to potable water for the residents of the peri-urban areas of Luanda.

2.1 *BACKGROUND AND OBJECTIVES*

Recent Development Workshop literature cites the 1994 objectives and results as the main baseline data for analyses of Project sustainability and success. As such, our discussion and suggestions work from this basis.

The Problem was stated in the May 1996 Implementation Report:

> Luanda's water, sewage and sanitation services have been inadequate since the 1950s, have barely been maintained since Independence in 1975, and have not kept pace with population growth. The capacity to tackle urban environmental health problems is constrained by a lack of resources but also by the lack of adequate policy and lack of experience.

The SCWP was created and designed to address these issues and build a community-centred initiative that would be viable, sustainable, and replicable.

"[I]n the 1990s, many of the technological problems of bringing water to people have been overcome. The primary challenge now is finding effective means of organizing people in rural and peri-urban communities to finance and manage local water supplies effectively." (Rondinelli 1991, quoted in July 1994) This was the challenge facing the SCWP.

"The [Sambizanga Community] Water Project consists of two components, the rehabilitation of an existing network including construction of new standposts on this system, and the construction of a new network in a previously unserviced area" (July 1994) Essentially, the Project works to improve peri-urban water supply in Ngola Kiluange, by implementing a

integrated community-based model that was designed to be conditionally sustainable, and replicable.

In 1994 a sub-objective of the Project was to design and implement a cost-recovery model that would promote Project viability and self-sufficiency.

The need for a cost recovery model is intuitively logical from a western economic perspective. In requiring people to pay for the water and supply system, the initiative encourages community psychological ownership of the project, it promotes efficient use, and allows for sustainability as the financial aspect slowly becomes a closed system between the users and the supply/support team.

The main objectives for 1994 were "achieved", as stated in all reports from that year, forward. These targets were listed specifically as:

1. The construction of 20 standposts capable of serving 20 00 people,
2. The training of a water technical team capable of future maintenance tasks,
3. The construction of a water supply feeder system to ensure future regular supply, and
4. The development and implementation of a cost recovery model to ensure continuous maintenance by the community.

The main stakeholders are the people of Ngola Kiluange themselves, as increasingly the responsibility for management of SCWP-built standposts comes to their hands. Community members benefit from increased water supply, and some people are trained for positions within the water projects (thus earning an income in food). In addition, EPAL, the provincial water company, and the Angolan government benefit from DW intervention in the *musseques*, since these institutions are incapable of meeting the need for peri-urban services with their own limited resources. Finally, Development Workshop (as the Project's facilitating body) and its international donors have invested time and money in SCWP work. The donors for the SCWP were SIDA (Sweden), One World Action, and Overseas Development Assistance UK. (p.5 email MBG)

2.2 CONTEXT AND CONSIDERATIONS

In 1976, 600 standposts serviced 250 000 residents in the outlying areas of Luanda. "Due to poor maintenance, lowering pressure and illegal connections, only about 30 standposts exist today" (p.2, 1994), while the *musseque* population has grown to over 2.5 million people. "The city's main water supply comes from the River Bengo, located about twenty kilometres north of the city's centre." (p.2, June 1995) In addition, 15 to 30% of the total supply is trucked into the

city. (p.2, June 1995, p.3 July 1995). In peri-urban *musseques* such as Ngola Kiluange, "between 70 and 100 per cent of the population buy water from water vendors who sell from water tanks in their yards." (p.2, June 1995) A major concern of the people who live in the peri-urban *musseques* is the incidence of clandestine connections to the water supply network. The World Bank in 1995 estimated that 50% of all water piped into the city was lost to leaks and these illegal connections to the system (July 1995).

"When the project began the only water collection points in the comuna were three broken water pipes which flowed intermittently." In 1992 the population of Ngola Kiluange was 90 000; it is difficult in 1996 to estimate the population due to continued in-migration of Angolans from the rural areas, but the number of people certainly exceeds 120 000, the last approximate count made in 1994. People without access to the city's piped network are forced to pay up to 10 000 times the official price for water. Paying between $1.21 to $17 US per cubic metre for untreated water that is trucked into the city, the peri-urban residents do not have access to water at the official price of $0.002US (July 1995). The water vendors who serve the peri-urban *musseques* charge an average of $9.62US per cubic metre for water, which is 4810 times the official rate, or 481 000% more than the official price of water in Luanda. In an effort to alleviate the demand for affordable, accessible water, the SCWP built 20 standposts in 1994. This result can be quanitifiably measured, and as we will see, is the only 1994 target that was undeniably met.

DW integrates community participation in all projects it undertakes, as a basic framework for intervention. Mobilizing the community to be active stakeholders in the water projects strategically promotes sustainability of DW development initiatives preparing for when the NGO phases out its involvement in the area. Local citizens are recruited to implement and manage the water projects as monitors and mobilizers. Although out of the approximately 100 staff for the SCWP, six are expatriates, who work in management and technical positions as resources for the projects (AK, personal communication).

In 1993-94, the supervision and maintenance of standpipes was the responsibility of a Water Committee consisting of two water technicians, three community activists, and a "water monitor"- a nearby resident assigned to operate and maintain the completed standpost. Starting in 1995, a new system was established that elected a committee to each standpost, and each committee was responsible for operation and maintenance of a standpipe. This was implemented with the intention of "giving the users of each standpipe a higher level of control of their access to water." (May 1996)

In 1993 the Luanda waterworks system was sabotaged following the resumption of fighting in the country, and subsequently water pressure was very low. DW took this into

account and redesigned standposts, while lobbying EPAL to ensure at least some regular pressure at certain times such that people could collect water from unadjusted standposts. From March to May 1994 there was no water in the project area, and again the SCWP adapted to the situation, taking the opportunity to shift its focus to another *musseque* that had requested project assistance. As a result, 3 standposts were built in Val Saroca that year.

The DW Annual Reports from 1992 to 1996, supported by a Beneficiary Assessment for Water Supply and Sanitation completed in 1994 serve as our primary background resources for the Sambizanga Community Water Project. These were supplemented by information gleaned from Andrew Kirkwood , a DW staff member and USRP&D graduate currently in Angola, through email contact.

2.3 METHODS AND RESOURCES, and ANALYSIS

The beneficiary assessment for Luanda initiated 60 discussion groups and from these dialogues, building of standposts was the improvement suggested by the majority of paticipants. Again, this supports the notion that access to water is the *musseque* residents' number one concern, in addition to further illuminating DW's committment to community-identified needs as priorities for the SCWP.

A SCWP water technical team is responsible for standpost installation, and they work with volunteers from the community who assist with the labour. DW had the freedom of operating in an environment of relatively little governmental control. What we mean by this is that SCWP was free to build standposts and upgrade old ones with no discernible interference from the government. Indeed, the government was very much in support of the initiatives undertaken by the SCWP, since DW was coordinating work that was previously the responsibility of (but left undone by) EPAL, the provincial water company. As well, with cost recovery models in place and fees being collected, EPAL is now receiving fees where otherwise they would have not.

Since the SCWP's inception in 1992, responsibility for building standposts in the community has shifted from expatriate to local staff. In addition, responsibility for maintenance of the standpost has been passed from the project water team who built the standpost itself, to an elected committee for each standpipe. (May 1996) This transition serves to put the ownership and accountability for initiatives in the hands of the people who will benefit from these and future Project undertakings. These shifts represent a tangible passing of the Project torch, into local hands, and is a crucial aspect of DW's mandate to foster community responsibility and involvement in the Project initiatives. People are thus made active stakeholders in community

projects implemented through funding by DW. Cost recovery models introduced by project teams are designed on the premise that local community is capable of providing for its own needs, once these needs are identified and a community-closed loop can be established, for the provision of future funding and qualified staffing.

With regard to specific tasks, a water monitor "supervises daily use of the standpipe and does a weekly maintenance check."(p.13, 1993). All monitors meet monthly with a Project technical team and community workers for consultation on updates. In 1993 there were 13 standposts and 3 community activistas (later known as water mobilizers), who supported the program and supervised the monitors. Water committee meetings are held weekly with activistas, a field coordinator, and the project technical team. The committee's objectives include liaising with the community with regard to location of standposts, the priority of services, and the monitoring of cost recovery models. In early 1995 a new system of electing, rather than assigning or selecting, the water committee responsible for each standpost, was adopted. This gives "the users of each standpipe a higher level of control of their access to water" (p.10 May 1996); people who benefit from the water supplied by the standpost are now those who are responsible for management of that standpost. In 1995 five water mobilizers (of the eleven recruited to DW) were assigned to the SCWP. They help mobilize the community and disseminate information regarding the coming standpost and community issues surrounding the future water supply and its management.

One of the Project's objectives for 1994 was to train a water technical team capable of future maintenance tasks. As will be discussed in the last part of this section and within the Training portion of the paper, the achievement of this objective is contingent upon the quality of training received from, and the people chosen as staff by, the Training component of Project Sambizanga. While it was mentioned that only 26% of the people trained within the Project could perform their tasks by themselves, the Water Project documents suggest that this objective was met in 1994. Either we are to assume that the training and/or the people chosen within the Water Project were superior to those in other components of Project Sambizanga, or the information regarding the capability of the water technical team is incongruent with the reality of the situation in the field. Another perspective would be that perhaps the success rate for training is accounted for and thus with an average of 26% of the people performing their tasks by themselves is considered acceptable. The evidence for the achievement of this objective by western perfectionist standards is unclear, while the statement that the target was met is found throughout the DW documents.

The implementation of a cost recovery model was based on "expert" opinion and knowledge of the relevant literature (1994). The 1994 report mentions that "in developing countries, evidence suggests that user payment in water supply projects leads to more efficiency

and greater sustainability" (p. i, 1994) Each standpost costs approximately $513.95US per year in maintenance patterns and costs. Presently, two cost recovery models are in place with varying success in different communities to recover part of these funds and work towards self-sufficiency. One is a monthly flat fee and the other is a daily fee. In Ngola Kiluange, the SCWP implemented a ration option model of cost recovery in the form of monthly flat fees. Recently in a pilot area, the Project has tested the feasibility of the metered and unmetered daily flat rates. Each has its successes, but both are highly dependent on the supply of water, which in turn is affected by the working order of the main water pipeline. As was mentioned, EPAL does not have sufficient resources to keep the main line functional all the time, excluding consideration of exogenous factors such as the sabotage of the Luanda water supply in 1993. Ideally, if water flowed every day or at least twice a week, the cost recovery model in place at the standposts has been appraised to be able to generate sufficient funding for the daily maintenance of and small repairs to the standposts, in addition to covering the water monitor's salary. However, at present the standpost supply system as implemented still requires large inputs in the form of financial and technical assistance from Development Workshop in order to remain viable. Thus, in theory the target of the development and implementation of a cost recovery model to ensure continuous maintenance by the community was met. External factors prevent the full potential of the cost recovery model from being met.

In addition, this discussion of the shortcomings of EPAL sheds light on the analysis of another 1994 target, the construction of a water supply feeder system to ensure future regular supply. Indeed, this supply feeder system was built, in an adjacent community which had had no running water prior to the construction. However, the wording of the objective leads towards a questioning of "regular" supply, when even *musseques* that already have the water line infrastructure often have running water for only two days per week. In addition, EPAL's inability to keep up with the demand for repairs on the water lines would derail even the most efficient of local supply structures, since they too are dependent on the main line.

A major concern of residents is the existence of illegal connections to the water pipeline. These cause inefficiency and loss of water and pressure, in addition to being outside the cost recovery system. However, most peri-urban residents feel it is the responsibility of the government or provincial water company to eliminate these connections, rather than putting the onus on community members themselves. This sentiment is likely fuelled in part by the fact that many illegal connections have "legal" papers obtained from EPAL; authorities cause the problem themselves and thus should fix it.

In one respect, the SCWP takes these illegal connections into account when planning standpost construction. The policy of the water Project has been to build new standposts on

locations of previously broken ones or where people had broken into the water pipes. In the interests of efficiency and convenience, the location of new-on-old sites was effective and efficient, since the location had been used for water provision in the past. In the case of places where people had broken into the water pipe, locating new, working standposts at these points served to appropriate and legitimize clandestine connections. A SCWP-managed water committee monitors water flow from then on, minimizing waste and working towards cost recovery for water that flows from the standpost. Bringing the illegal into a legitimate, community-benefitting fold promotes personal and community stakeholdership in the use of the new and functional connection.

2.4 RESULTS

An overall indicator of SCWP success is the achievement of objectives (surpassing some) set for the project in 1994. The four outputs for 1994 identified as project objectives were all "achieved"; 20 standposts built, a cost recovery model developed and implemented at all 10 standposts in Ngola Kiluange, a water supply feeder system built, and the water technical team trained. By 1994 replication of work undertaken in Ngola Kiluange had been initiated in seven other *musseques*. In May 1996, it was reported that over the period of the project between 1992 and 1995, 58 standposts were constructed, utilizing a total of 3789 metres of new piping. The time it took to build a standpost "reduced markedly as the construction team gained experience" (p.10, May 1996). Construction time fell from 21 days in 1992 to four days in 1995.

Within a discussion of Project sustainability, it should be noted that "by the end of 1995, the user groups and their committees were managing small repairs on a regular basis" (p.10, May 1996), although it was admitted that larger breakdowns posed more of a problem, as predicted in the initial assumption of the lack of resources of EPAL to deal with repairs on the line. However, macroinfrastructure aside, the SCWP-trained water groups were managing their own standposts. Without a model of sustainability, the need for repairs would have previously arisen, and the standpost would stay broken, as there was no one with the necessary skills and no community structures in place to deal with a breakdown in supply.

Because water supply is estimated at the standposts to be about two to three days per week and there are frequent city-wide breakdowns, the standpost does not cover the total needs of its users. As such, families still purchase water bought from trucks and private vendors. However, "the availability of water through standpipes does guarantee some water of better quality (for example for drinking) and at lower cost" (p.11, May 1996). The SCWP has served to raise the quality and increase the availability of water, where there would not have been a change (unless it was for the worse) in the past.

2.5 LESSONS, SUGGESTIONS, CONSIDERATIONS

The analysis throughout this section would indicate that there are factors being taken into account when the SCWP reports that all targets for 1994 were met. In 1995 and 96 the efficiency and efficacy of the SCWP has improved, the best indicator of which is the building of an additional 38 standposts since the 1994 targets were set. Although the SCWP claims its achievements, we argue that rather than full accomplishment of the 1994 objectives, the Project began the process of implementing the infrastructure necessary to fully meet the targets in the future. To analyze the targets in a black-and-white fashion would produce a verdict that would indicate that they had not been met. However, it is important to view the objectives and their stated successes in context; within the highly unstable political environment, within the volatile economic system of exponentially increasing inflation, within a growing community that only recently has initiated measures towards group cohesion and development.

As mentioned in our first paper, initially we were impressed by the documentation of the project committee's sensitivity to local opinion. Specifically, we are referring to recognition of the community members' perception that it would be wrong to sell water from standposts constructed on public land. However, in recent dialogue with Andrew Kirkwood over email, it has been made clear that "[w]hile, in principle, the statement is still true, it does not have nearly the importance that [he] thought it did at the time [of writing the cost recovery model report in 1994]. [They] now do not differentiate between standposts in this way when introducing a payment system." (AK, pers. comm.) This transition indicates DW's ongoing commitment to adaptability while keeping community needs as a priority.

Within its logical framework Development Workshop identified that "EPAL presently does not have the capacity of resources to extend services nor provide maintenance to the existing network" (p.11, July 1995) as a critical assumption for the water project. Recognition of this limitation should be adopted into DW's evaluation of Project initiatives. For example, a standpost may have been constructed, a management team elected, and a cost recovery model designed and implemented. However, if there is a problem with the main water line, the entire system of water provision is useless at the local level despite careful planning. There have been some efforts through the SCWP to lobby the government and the provincial water company to ensure water flow and repairs to broken lines, but in essence the Project works at the local level.

One suggestion would be to create a lobby group from members of each of the water committees, or to facilitate the creation of a water lobby team drawing on interested and qualified members of the community. The process of lobbying government would be in the hands of community members and be a valuable skill that could eventually be applied to other areas of need. For example, people who become skilled at lobbying EPAL to make repairs and allocate a proportional amount of its budget to the peri-urban *musseques*, could train or work with people who are involved with the sanitation component and lobby ELISAL to take its responsibility for rubbish clean-up in the communities. In this way, skills would be transferred and shared among different areas of the community upgrading initiatives.

The previously mentioned monthly meetings of all water monitors are now attended by mobilizers and the water technical team, and it seems likely that the local head of EPAL will attend these in the future as well. This is a step towards the suggestion above, where not only will EPAL be involved in the roundtable discussions of water supply needs, but also privy to the community-oriented process of *musseque* residents working to improve their situation. EPAL does not presently have the resources to be a full working partner with the SCWP. However, with early inclusion into the process of water provision in the peri-urban areas, EPAL could evalutate these areas as a priority once its budget allows for expansion of services and maintenance.

One of the considerations DW takes into account when designing initiatives is the potential for project replicability. Because water standpost construction is largely technical, and because the need for water is universal, success of replication is nearly guaranteed for the water projects. The variables are a context-appropriate cost recovery model, effective training of water mobilizers and monitors, and available resources including human, material, and water resources. The cost recovery models went through revision processes and were tested at pilot sites prior to implementation to ensure applicability and site specificity. The capacity of water mobilizers and monitors to perform their tasks is the responsibility of the Training Component of Project Sambizanga, without which the water initiatives are not viable. This will be discussed further below. Finally, human resources are found in the community, material resources are either provided by Development Workshop or purchased through the income gained via the cost-recovery model, and water resources, as discussed above, ultimately hinge upon EPAL's ability to keep the infrastructure of the water system in working order. Should these variables be met, the SCWP models for water provision are sound and replicable.

Development Workshop is a technical NGO. This is to say that it engages in work that has tangible results that can and have been measured quantitatively. The most technical initiative is the Sambizanga Community Water Project, falling under the designation, "Small-scale

Upgrading" (May, 1996). The Project is clear in its focus; it works to provide water to peri-urban residents at the local scale, such that it is not involved in a grander sense in improving the Luanda water supply system either in theoretical or practical terms. This may change however, as will be discussed below.

Unlike other areas of the Project, water provision is infrastructure-dependent. Without the standpost itself, no water can reach the community by legal means except for the untreated, expensive water supplied by the trucks and subsequently sold by vendors. The water Project is dependent on the Training component such that the standpipes must be monitored, maintained, and the cost recovery model implemented. Success of the Project initiatives are also contingent upon Community Development. This component promotes adherence to community decisions regarding water resources, in addition to helping reinforce the cost recovery models indirectly through building community awareness and cohesion, and directly through education and house-to-house visits.

2.6 CONCLUSION

The Sambizanga Community Water Project is a solid initiative. By DW's own mandate, the Project has achieved and in some cases exceeded its objectives, the goal of which was to provide access to potable water for the peri-urban residents of Luanda. The Project works within an unstable political and economic environment, where affordable, clean water is a commodity of high value. Although there is an unending need for upgrading the water supply system in Ngola Kiluange and other *musseques*, the SCWP has designed and implemented initiatives that have shown to be replicable and theoretically self-sufficient.

Is the SCWP sustainable? The SCWP is mainly a manifestation and outcome display of the success of the Training and Community Development components of Project Sambizanga. The Water Project is structural in essence, and is highly dependent on other aspect of the PS for its sustainability in the community.

Section 3: SANITATION AND WASTE MANAGEMENT

In this section of the paper, we will analyze the sustainability of Project Sambizanga in its sanitation and waste management components.(UNCHS, 1992:4-5) Three main variables of sustainability have been identified for the analysis of this section. They are respectively:

* Technological appropriateness.
* Financial viability
* Institutional capacity

The analysis begins by briefly describing the context and the project background as well as the overall goals and objectives. This is followed by a critique, and isuggestions for the Project in the above-mentioned variables of sustainability and in general for development work.

3.0 SANITATION AND WASTE DISPOSAL IN THE ANGOLAN CONTEXT

Luanda is a the capital city of Angola, located in the northwestern area of the country. Its total population is estimated to be about 2.5 million in 1994 (DW, Annual Report 1994-95:2). Twenty per cent of this population has arrived in the last three years, fleeing from the war. Luanda's sanitation and waste disposal have been inadequate since the colonial period. Its maintenance systems have not kept pace with population growth for lack of political will, resources and management (One World Action, 1996:1). Nearly all of the new arrivals to the city have settled in the peri-urban areas of Luanda, where

basic infrastructure and services are unreliable or non-existent (DW, Annual Report 1994-95:3)

Sambizanga is an unplanned settlement (*musseques*) in the peri-urban areas of Luanda. Its population was estimated to be 120,000 people in 1994 (DW, Annual Report 1994-95:6). The Project area lacks all the basic services; water, sanitation, waste disposal, and drainage systems. The population of the area is growing rapidly, owing to lack of land regulation. Sambizanga is characterized by high rates of water-borne diseases such as cholera, diarrhoea, malaria, and others. These are largely caused by poor quality of water and sanitation. The improvement of water quality and sanitation with a refuse-disposal service is an absolute priority for the residents in Sambizanga.

3.1 ISSUES AND OPTIONS OF SANITATION AND WASTE DISPOSAL

Environmental sanitation is neccessary for human health. It is, therefore, an important aspect of social and economic development. Illegal settlements generally have little or no government provision for water supply, sanitation, garbage removal, roads, schools, health centers and storm drainage (UNCHS, 1992). In the past, multi-lateral development projects such as those funded the by the World Bank and the United Nations Development Program (UNDP) considered sanitation and environmental protection as secondary considerations (Koreann G., 1995:12). In recent years, attempts have been made to improve sanitation, such as those inspired by United Nations. However, these have failed to reverse the present trend of environmental degradation and deteriorating living conditions. The improvement of water supply or quality without an improvement in sanitation can be useless. "The realization that water and sanitation must be addressed

together has led to "integrated program approach" which uses community demand for water as a way to promote household latrine construction."(Koreann, 1995:12)

Low cost sanitation programs present a great challenge to implementation because there is little practical knowledge in terms of planning and management except perhaps with regard to the selection of technology. Even technology requires appropriate adaptation to local cultural preferences, building materials, and ground conditions to a greater extent than the technology associated with water supply.

Many of the difficulties of implementing sanitation programs arise from the fact that sanitation improvements are an intervention that usually requires a change in the people's most personal habits. The development of an effective hygiene education program requires an understanding of people's behaviors, perceptions and priorities within their cultural, social and economic setting (Koreann, G.,1995:26). Hygiene education generally refers to those activities designed to encourage behavior which will help to prevent sanitation related diseases- Appendix B, Table 2 for Sambizanga project.

In urban households waste disposal becomes necessary. Most of the urban areas in developing countries are provided with some form of refuse-disposal service. Also, it becomes a prerequisite for a healthy environment (UNCHS, 1992:11). Solid-waste dumps provide a habitat favorable to disease carriers such as flies. In low-income areas where faeces are dumped together with refuse, the waste is of greater danger to health than those with sanitation coverage.

3.2 PROBLEMS ADDRESSED BY THE PROJECT

It has been indicated that environmental sanitation has enormous implications for community health standards, productivity and the quality of life. Provision of a clean environment also has major impact on a community's economic development.

Improving the provision of sanitation services has not been a felt need by the residents of the peri-urban areas of Luanda. However, all data collected by DW in 1989 showed that "poor sanitation conditions in the *musseques* are the cause of many serious health problems and therefore the improvement of this is classified as an absolute need" (DW, Paper Proposal, 1992:10). The "integrated program approach" has been implemented with the pilot project as mentioned in the introduction.

More than half of the population in the Project area already has pour-flush latrines. The project tries to introduce dry-pit latrines for those with no latrines. Through demonstrations and education programs, DW was trying to help to people overcome their fear of sitting over the pit.

3.3 GOALS AND OBJECTIVES OF THE PROJECT

The Sambizanga Pilot Project emerged from DW's ongoing involvement in improving the housing and environmental conditions in Luanda's peri-urban settlements. The Project's overall goal is to improve health standards in the pilot area. The main objective of the Project is to develop a community based model for environmental upgrading and public health services for the peri-urban areas of Luanda. The Project activities are divided into three main interlinking activity areas (DW, Project Proposal, 1992:4):

* Community Development
* Physical upgrading (water, sanitation and solid waste management)
* Training

Community development is a strategy central to the Project and involves setting programme priorities which respond to the community's own needs.

The immediate objectives for the sanitation component of the Project are to improve the environmental sanitation through the management of domestic and human waste and to increase the use of improved dry pit-latrines for private households and public use. In sum, the waste management component is trying to reduce the amount of accumulated solid waste in the Project area (DW, Interim Review and Assessment1994:10).

3.4 ACHIEVEMENTS OF THE SANITATION COMPONENT

Since the beginning of the program in 1992, more than 2,000 latrine slabs have been produced and approximately 1,000 latrine kits have been distributed (One World Action, 1996:12-13). The program is organized as a joint initiative with DW and the Department of Health in July 1993.

The components of the sanitation program are as follows:

* production unit at Cacuaco workshop (opened in 1992)
* second production unit at Val Saroca (opened in 1995)
* promotion by community workers
* distribution of materials for dry pit latrines
* health education
* follow-up through the involvement of community workers.

As a result of DW's initiatives, the demand for latrines has greatly exceeded the Project's capacity. In addition, the establishment of a construction and production prototype workshop for improved latrine training (Cacuaco workshop) exceeded expectations to the point that a decentralized workshop was established in Val Saroca. This was created in order to have a more efficient and replicable technology for the latrines. Along with the construction of latrines, there is also a program on maintenance and hygiene of latrines which is one if the key factors in the success of the sanitation program. A major indicator of success is the reduction of defecation in rubbish deposits which leads to the improvement of the environmental health (see Table 1).

3.5 ACHIEVEMENTS OF THE WASTE MANAGEMENT COMPONENT

Solid waste management has not been as successful as the latrine improvement program. The Project plan was to be implemented in collaboration with ELISAL, the provincial sanitation company, which failed to meet its commitments. According to the Implementation Report; "ELISAL has limited appropriate equipment which is used mainly in the commercial center of the city. No progress has been made by the Luanda City Provincial Government in improving the overall drainage system of that area of Luanda. Without removal of rubbish from the area to out-of-town dumps, and without removal of water from the area through a drainage system, only limited results can be expected in these areas"(One World Action, 1996:14).

However, in response to limited government services, DW adopted a variety of micro-level temporary solutions to help alleviate the rubbish removal such as:

* 30 clean-up campaigns organized with Activistas which involved volunteers and neighbors collecting and burning rubbish.
* House-to-house visits to encourage individual families to dig household pits and to burn and bury their rubbish.
* A Food for Work plan adopted to mobilize unemployed displaced persons to use sanitary landfill in improving road and drainage conditions.

Although there has been difficulty in the rubbish removal and drainage program, short-term improvements have achieved in reducing the accumulation of rubbish and related diseases (Table 2).

3.6 INDICATORS OF PROJECT SUSTAINABILITY

The World Commission on the Environment and Development (WCED), also known as the Bruntland Report in Our Common Future, defined sustainable development as a "development that meets the needs of the present without compromising the ability of the future generation" (WCED, 1987:43). There are several other definitions that emerged after the WCED report. However, sustainable development is a long term solution that involves a political process. However, despite the complexity of sustainability, experts have defined it as "the capacity of a project to continue to deliver its intendd benefits over a long period of time" (Bamberger & Cheema, 1995:7).

Three main variables have been identified to determine the sustainability of the sanitation and waste disposal of Project Sambizanga.(UNCHS, 1992:4-5) They are respectively (Fig. 1):

* Technological appropriateness.
* Financial viability
* Institutional capacity

a.*Technological appropriateness* is intended not only the simplicity of the technology, but its appropriateness to the community's needs.

b. *Financial viability* is intended as an adequate resource mobilization, utilization and cost recovery.

c. *Institutional capacity* is intended as the capacity of sectoral policies to define the needs of low-income communities. Resolve the existence of governmental agencies with overlapping and competing responsibilities. Resolve the lack of trained labour.

What are the indicators for these variables? There are two different approaches outlined in Bamberger & Cheema. The first is used by The World Bank and defines sustainability by assessing the Economic Rate of Return (ERR). The second is based on indicators that assess the sustainability of the project in its different component. The major indicators are identified as (Bamberger & Cheema, 1995: 9-11):

> a. Appropriate technology adopted in the context, adequacy of maintenance procedures, equipment and operation, monitoring and evaluation.
> b. Efficiency of the service, cost recovery and operating budget, satisfaction of beneficiaries, quality of services.
> c. Political support from national government, support from the communities, Technical and management skills of the staff.

These indicators will be applied to assess the sustainability of the sanitation and waste disposal components of Project Sambizanga.

3.6.1 SUSTAINABILITY IN THE SANITATION COMPONENT

The goal of the sanitation programs was to achieve sustainable and effective uses of sanitation facilities through replicable methods. The sustainability of the sanitation component in Project Sambizanga depends on three interlinking factors: appropriate technology, financial viability, and institutional capacity (Fig.1). These factors will be used as the key indicators of sustainability. The above factors are commonly used in the literature of basic services system.

3.6.1.1 Findings of the indicators of the appropriate technology

The analysis of the indicators (Table 2) reveal that the technology adopted is appropriate to the context even though the people feared sitting over the pit. Eventually, the community accepted the technology used. In this case, DW showed understanding of the people's beliefs and that through an efective hygiene education program it was able to gain the acceptance of the product from the community. This is a strong point in favor of sustainability. In addition, there were inspection and maintenance procedures provided by DW to ensure continued maintenance. Furthermore, the replicability of the technology was effective and flexible in terms of organizations. Thus a second workshop was established in Val Saroca (1995), the first having been established in Cacuaco in 1992.

Long-term sustainability can be achieved only when the role of monitoring and evaluation are assumed by the Department of Health. This is a crucial point for the Project since the country is economically unstable and partnership with the government works towards long-term viability for the projects.

3.6.1.2 Findings of the indicators of financial availability

The issue of concern is that the efficiency of service delivery in the unit cost of the dry pit latrine are unaffordable for the *musseques* residents. However, the price was $714 per unit at the beginning (Vemba et al, 1994:29) and $400 in 1996 (One World Action, 1996:14) which shows that DW has worked hard in terms of organization and cost effectiveness, recognizing that it is necessary to subsidize families for the cost of latrines.

Again, the economic uncertainty of the country and the lack of continuity of external funding may jeopardize the Project's viability. Limited financial resources is a negative aspect of the Project within the long-term objective of sustainability.

3.6.1.3 Findings of the indicators of institutional capacity

Support of the government and the international organizations was necessary to sustain the sanitation program. The coordinations and relationship with local communities, NGOs and beneficiaries was somewhat positive. DW was trying to adapt to the changing economic and social conditions in Angola. The Department of Health and ELISAL were expected to cooperate in the sanitation and waste disposal components. Implementation goes hand in hand with project design and this is crucial for the life of the project itself. The sustainability of the sanitation component is dependent on the involvement of locally-based trained technicians and the future supervision, decision-making and problem-solving role of the Department of Health.

In sum, the sanitation component of Project Sambizanga is sustainable and replicable as long as external financial resources are a long-term reality.

3.6.2 SUSTAINABILITY OF THE WASTE MANAGEMENT COMPONENT

As we have mentioned, the objectives for the Project's waste management component have been difficult to achieve. At this time, there is not enough data available to assess the sustainability of the waste management component. Since the 1980s, food-for-work programs have been used by international aid agencies in order to achieve specific goals related to environmental improvements. In the case of Project Sambizanga, a food-for-work program was introduced while an action-response from ELISAL to the waste-disposal problem was on its agenda. Up until today, ELISAL has never showed up in the *musseques*. If there is no intervention from the State in rubbish removal, then the food-for-work program is a useful tool to incorporate especially in an emergency situation. It offers short-term answers through community management (Fig.2).

3.7 STRENGTH AND WEAKNESSES

The major strength in the above-mentioned components as well as in the whole Project is the link between physical and social aspects in water, latrines, health impacts and community development. A main weakness is that indigenous knowledge is not considered useful to the Project. In my opinion, it is crucial to utilize the knowledge of local attitudes and beliefs in order to play a decisive role before reaching any economic, social or physical development. It is possible to achieve respectable results in the short-term or in case of emergency relief such as the Project Sambizanga. Another weakness is rooted in the uncertainty of the political environment . How can DW achieve their objectives when State agencies such as ELISAL do not have the capacity to take over the waste management component of Project Sambizanga?

3.8 CRITIQUES

The nature of project intervention such as Project Sambizanga in Luanda is questionable because of the nation's political instability. In addition, a second critique lies in the settlement itself, which is illegal in terms of land ownership by the occupants. Given the uncertainty of the socio-political environment, the residents of the *musseques* may be subjected to eviction in the future. The questions that come from these observations are:

* Why this type of project in a "continuing emergency" situation?
* Why spend money on all those resources when the situation is unpredictable?
* Who does the land belong to?
    - Those who fled to other provinces for security reasons?
    - And in case of real peace will they claim ownership of the land?

Project Sambizanga went to Angola and built new latrines for the war-displaced people in the peri-urban areas of Luanda. The sanitation and waste management component of the Project is necessary. However, the problem that exists is that even though the peri-urban area of Luanda is being upgraded, there may arise a conflict between members of civil society in terms of locality and ownership of locality and the government. Thus, a person who has access to all basic services available will not in all probability move from their place of residence in the future even if the ownership of land is another.

3.9 SUGGESTIONS

"As the capacity of governments in Africa to address development problems collapses, increased emphasis is given to the role of the NGOs to fill the gap".(Kinuthia-Njenga, 1996:27) Human settlements improvement strategies involves NGOs supporting the poor and disadvantaged in their effort to upgrade their living conditions. This is the case of Project Sambizanga where the State, given financial constraints and the magnitude of the peri-urban areas issues, has no resources to allocate to the *musseques* in order to provide adequate basic services such as sanitation and infrastructure. The state's approach to this type of project in early 1980s is total intervention by the centrally planned state. In the 80s, the state did not tolerate NGOs that stressed people's participation and empowerment. Since the passing of the Law of Freedom of Association in1991, there is a risk that NGOs established by the state bring into question the relationship and integrity between local NGOs and their Northern partners.

Although the Angolan situation is fluid, DW still strives to work towards building community management in the sanitation program, which requires responsibility, authority and control by the community itself. This goal requires advocacy and long-term commitment of the community. Efforts should be in line with the existing capacity of indigenous institutions to ensure long-term sustainability. Furthermore, community development requires commitment and training at all levels with a focus on long-term sustainability and capacity-building.

In a time of economical constraints where "globalization" and "free-market-oriented policies" (Afshar, 1994) are taking place, the challenge of NGOs is to develop a system for working together collectively to strive for what they cannot achieve individually. This calls for sustained and committed effort to transfer skills and organizational capacities to local people that are empowered to undertake independent action. Again, the empowerment of communities, the new role for technical agencies and NGO involvement, and the encouragement of private sector initiatives will only occur if they are sanctioned and facilitated by a government that is legitimate and stable.

SECTION 4 : COMMUNITY DEVELOPMENT

4.0 INTRODUCTION

In order for Project Sambizanga's objectives of sustainable environmental services to be realized, it was necessary to address issues surrounding community. For interventions to be sustainable, community must be intimately involved. However, building community is difficult. It requires training, incentives, communication, interaction, and above all, time. This section begins by defining community and community development, It will then consider important elements required for implementing a project into a community.

4.1 COMMUNITY

Community is as much a concept as it is a reality. According to Coombs (1980), the term "community" is ambiguous. Its definition depends largely on context. In a social context it is, "a set of relationships among local people, their institutions, values and patterns of behaviour"(Brandt and Cheong, 1980:621)

The peri-urban areas in Luanda are relatively young neighbourhoods made up of war displaced peoples of varying cultural and traditional backgrounds (DW, 1992). Further, these areas continue to experience an influx of newly displaced peoples. People are mainly affected by immediate needs and larger cultural influences of modernization's emphasis on self-interest. With relatively inaccessible local government and only recent political freedom for organizations, the church was an effective organization for stimulating participatory community in these areas.(DW, 1992; DW, 1995)

4.2 COMMUNITY DEVELOPMENT

Community development can be viewed as a component of a larger development paradigm known as participatory development.(Jazairy et al, 1993). Through understanding social rights and opportunities, the dispossessed can move away from a dependency situation towards self-reliant participants with a voice in decision making processes.

According toreports form the U.S./Korea Community Development Foundation, intervention areas are generally targeted on the basis of poverty, inaccessibility and potential for development.(Brant and Cheong, 1980) Initially, one might think that interventions in a poverty stricken area lacking a history of sponsorship may make more of an impact. However, areas having elements of active participation, willingness to learn and government linkages are more likely to have sustainable developmental successes.(Brant and Cheong, 1980) DW developed a positive community relationship in the pilot area of Ngola Kiluange (pre-1987) through a housing project and demonstrated concern during very difficult times.(DW, 1992) Through this DW laid the foundations for community support for the projects.

According to Carden (1995) various elements must be considered to ensure that community building is successful in the development process:

a) Open planning processes
b) Promoting effective linkages between local communities and government agencies
c) Political support throughout levels of government are needed to created the "political space" for the project
d) Creating a local sense of project ownership

Perhaps the most critical determinate of efforts at creating community is how aid and its structures enter into the target society. There is concern that traditional government, NGO and bilateral aid agencies are ineffective at implementing change, especially at the community level.

As these groups tend to operate "outside" the target communities, the consequences of their actions usually do not directly effect them. Often local dependencies continue as hopes for community control of projects fails to materialize. Further, directing change solely on issues the community believes are important (bottom-up planning) may fail to consider important aspects.(Ferrazzi et al, 1993) For example in Project Sambizanga, although sanitation was evaluated to be a major health problem in the pilot area, it was not considered as important to the community.(DW, 1992).

The need to harmonize the objectives and budgetary constraints of agents of development and community-based/participatory local development can be achieved through a third party consultant which Carden (1995) terms the "Development Consultant". The consultant facilitates communities in articulating their own needs and their participation in resulting interventions. In this sense DW was a consultative body. As shown in the earlier chart breaking down funding sources, funding was channelled through SIDA (Sweden), CIDA and UNICEF. However, DW was sufficiently removed from donor agendas of emergency infrastructure and health to both implement the interventions according to residents' felt needs and stimulate a sense of Project stewardship.(Coombs, 1980) In exploring the following elements of effective community building, DW's positive role is revealed above and beyond short term reportable indicators.

4.3 SAMBIZANGA COMMUNITY DEVELOPMENT OBJECTIVES

When the project was proposed in 1992, objectives for community development were as follows:

1. Foster communication between community and service providers.
2. Develop a community-based model for sanitation, water and health interventions which are sustainable and replicable by local organisations.
3. Promote self-sufficiency of local community-based organizations.
4. Establish a Community-Project Committee (DW, 1992:12-15,20) .

If few community structures exist, building community in the short term will be difficult.(Brant and Cheong, 1980). Peoples' cooperation, which establishes the necessary interactions for realizing "community", requires that self-interests be addressed.(Brant and Cheong, 1980:622) By improving access to water, Project interventions encouraged the cooperation of people. Considering these limitations, the Project's ambitions centred on community cooperation and basic services.

Thus the way in which community is defined and promoted through the Project is "...in a sense a group of frequently inter-acting people who share similar ideas and work together effectively for achieving common goals." (Brant and Cheong, 1980:621)

4.4 GOVERNMENT COOPERATION

Angolan political instability before and throughout the Project represented great risks to the community. It is still uncertain how the free market emphasis of Structural Adjustment policies will effect community cohesion; especially as related to sustaining Project sponsored infrastructure.

However, renewed fighting would likely lead to a reduction of democratic rights and possible suspension of sponsorship.(DW, 1992) In fact, political tensions after the 1992 elections, did cause a partial loss of Project earmarked, UNICEF funding.(Gonzales, 1996, interview). Funds were transferred to an emergency cholera program which targeted high-risk *musseques*. In the process of addressing this issue, community development initiatives were undertaken.(One World Action, 1996) However, the activities were spread over many areas

rather than focusing on a particular community. Spatially dispersed efforts generally do not promote the degree of social mobilization necessary to generate effective community-based, organizational structures.(Brant and Cheong, 1980:614)

Although cohesive local action is important in building community, government involvement and the political environment are crucial. Suspension of government services and programs is disruptive. Committed government involvement is necessary for successful community-based projects.(Carden *et al*, 1995;Poerbo *et al*, 1995). Local governing structures must have political support at all levels of government and the ability to commit resources. Development failures in the Project's Phase I objectives were the result of a federal government agency (GARM) that lacked the ability to commit resources and effect policy when and where it was needed.(DW, 1992) Community-based strategies for solid waste removal were not realized at the end of Project Sambizanga due to ELISAL's lack of funds and resources. Project progress occurred most significantly when government partners in health and water were involved.

The commitment of theMinistry of Health (MOH) was necessary to create a "political space" for community development in Ngola Kulange. Although public health was the main concern, the principles of health promotion are almost identical to those of community promotion, and thus are a useful indicator of Project success. According to the World Health Organization health promotion suggest a need for:

1. Involvement of the population as a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases
2. Close cooperation of sectors beyond health services.
3. Combining diverse, but complementary, methods or approaches
4. Effective and concrete public participation
5. Promotion of principals through local professionals
(WHO, 1986:4)

With contextual alterations, these requirements illuminate the issues of community development as clearly as they do for those of health.

The Project addressed strengthening government linkages in their objectives of developing communication between the community and service providers. Through Project programs such as the 1990 Barrio Committees, interpersonal skills training, and the Community-Project Committee, community members and government service providers were involved together in infrastructure planning and implementation.

Establishing communication not only requires technical strategies but also increasing people's awareness to their rights and responsibilities as citizens, consumers, employees, and employers. Awareness of fundamental rights can provide an incentive for people to band together to articulate their needs and demand change.

Skills and education levels of people in the peri-urban areas are very poor. During colonial times, locals received little education and were largely employed in unskilled, manual labour. (Gonzales, 1996, Pers. Comm.). Education and training fared no better in post-independent times due to war politics and incompetent government structures. Thus the training component of the Project is critical for providing people with basic skills, knowledge and confidence in their abilities.

4.5 COMMUNITY OWNERSHIP

Ideally, a sense of ownership and involvement is initiated by the community defining its own terms of reference for the consultant (Carden, 1995). As the Project progressed, various strategies were implemented to move the Project into the hands of the community. A Project

Committee with local representation was set up to determine community needs and with strategies for interventions.(DW, 1992)

It is difficult for internationals or nationals not from the community, to stimulate a sense of community. Experiences often causes people to be cautious or distrustful of outsiders. People are more apt to take advice and be motivated by people who they trust and respect; usually from within the community. When locals see volunteers, who are not necessarily "experts", carrying out community projects, a sense of sincere community commitment is conveyed.(Coombs, 1980).

Community workers (activistas) were hired based on their commitment to achieving Project goals and their relationships in the community.(DW, 1992). As 45 percent of the activistas were women, there was both the potential to more effectively identify the needs of women and communicate important concepts through their social networks.(ONA, 1996) Training, annual performance reviews and skills upgrading provided activistas with the ability to assess community needs. They conducted household visits, facilitated the introduction of new technologies and concepts to the community, promoted health and worked to ensure long term maintenance of interventions. Skills in journalism and the use of newsletters, bulletins and photography as promotional media were taught to a group of 12 activistas to aid community outreach.(DW, 1995)

With new emphasis placed on community development in 1994, effort was centred on fostering a smaller, more representative core group of professional activistas.(OWA, 1996) Twenty mobilizadores (mobilizers) motivated in community development were hired and trained in skills useful to social mobilization and promotion of water and sanitation. Mobilizadores were

assigned to work in water, latrines and "household economies and market women" programs. Work in the water program involved two stages:

a) Preliminary Front-line Mobilization

b) Follow-up Mobilization

The first stage involved carrying out household visits, interviews, and community meetings to promote the formation of water committees. The second stage involved the mobilizer supporting committee members in standpipe financial matters, bi-monthly meetings, and seminars.(OWA, 1996) Mobilizadores in the "women" program were responsible for organizing focus groups and teaching commercial skills.(OWA, 1996)

4.6 COMMUNITY LEARNING

Through social learning processes within the outreach work of mobilizers and activistas, interest in Project activities and public activism are disseminated throughout the pilot area into neighbouring communities. In Ngola Kulange this happened vertically (into the community) by word of mouth, through individuals, family networks, project-sponsored meeting etc. Word also spread horizontally (to other peri-urban areas) through relatives, friends and visitors who had experienced Project programs. Also, information spread through other NGOs, community organizations, government agencies and mass media (i.e. newsletters, etc.).

To complement generated interest, it is important to have a resource centre where people can gain information, contacts, and get feedback on their ideas and aspirations. (Poerbo and Poerwady, 1995) The Project field office, established in 1991, provided this service throughout the Project.(DW, 1992). Project office staff were able to advise interested people, NGOs and CBOs on ways to promote community-based ideas.

The importance of the project office in promoting community-based organizations increased with the creation of a Small Initiatives Program in late 1994. This fund provided a way for interested community groups and organizations to participate in popular initiatives. Groups created project proposals and financial plans with the help of project staff. A total of twenty-two projects were approved, including equipment for a community theatre group, two primary schools, the development of a youth recreational area, sponsorship of a girls' football championship, community health activities, a rehabilitation program, a school holiday program, a prison literacy project, and a youth tree planting program. (DW, 1995;OWA, 1995).

In terms of promoting community development, health, and overall organizational viability, the theatre group seems to be the most successful initiative under the Community Development umbrella. As of 1995, 33 performances had been given on themes of social mobilization, political issues and health.(DW, 1995). The group is still performing for payment and volunteers for certain groups to this day.(Gonzales, 1993 pers. com.)

Although most of the micro-projects were unrelated to environmental service aspects of the project, they demonstrated Project commitment to community interests. This plays an important part in integrating a project into a community.(Coombs, 1980) Ngola Kulange, and the peri-urban areas in general, have high youth populations(Kirkwood, pers. comm., 1996). Many of the micro-projects involved promoting activities of youth groups. Getting youth actively involved is important in fostering continuing community concern and cooperation. Involved youth have been shown to build on the foundations provided by early positive experiences throughout their lives.(Heath, 1994)

4.7 INDICATORS OF COMMUNITY DEVELOPMENT

Community development is very difficult to measure. Since the Project's emphasis was on environmental services, the concept was narrowed to user group organizations that can manage a service relatively self-sufficiently. There are successful community groups able to cover operating costs of water standpipes, but they do not have the resources or training necessary to carry out major repairs; for this they rely heavily on external support. In this case, not achieving full cost recovery is reasonable. As shown in the SCWP section, the cost recovery model is sound if no major breakdowns occur in the main water line. Not only is the provincial water company responsible for such repairs, but they are also unable to allocate sufficient resources to do these repairs.

Activistas and community mobilisers have made good links throughout the community by raising public awareness in environmental services, health and political issues. Between 1992 and 1994, improvements in all Project health objectives have been achieved as a result of social mobilization through activista outreach programs. (DW, July 1995:28). Interactions with the community has resulted in many people wanting to become activistas.(Afshar et al, 1994). This interest in community development is reinvested and promotes continued viability of projects.

Government sanctioned media promotion of the Project and participation of various ministries in aspects of the program have cultivated favourable political space for the Project and links between government and the community. There is only limited communication between service providers and the community (Afshar *et al*, 1994), but this may change as the Project continues.

Although the presence of CBOs and NGOs is a good indicator of community concern, the organizations themselves may not represent a significant proportion of residents of an area or of a

user group. The Project placed emphasis on promoting local organization independence. However, in 1994 the CBOs were still project-linked rather than community based; that is, they were still dependant on external funding and guidance. In addition, CBOs needed to develop the capacity to plan, implement, manage, maintain and evaluate programs and projects.

Community-based organizations, whether user group or other, enhance Project replicable in the sense that they serve as examples, from which other groups can often learn by example, and glean advice.

4.8 RECOMMENDATIONS

There is a need for stronger government commitment to the environmental services and user groups organizations. These new and relatively fragile organizations cannot be expected to take full control over operations in the early years of their development. Now that user groups have basic management skills, the government should make the effort to support them.

Although difficult to evaluate, "process" indicators could be used to assess the capacity of CBO and NGO initiatives (Gonzales, pers. comm. 1996). These would include measures in:

a) Ability to articulate needs
b) Increases of management skills
c) Use of funds and human resources

From the official project documentation, the use of the word "model" proved confusing. One definition of a model suggests replicability as a general concept. However, another definition is one of widespread application, which is often translated by bureaucracy into standardization. Considering the difficulty in promoting sustainable community development

which other researchers have defined, according to context, what they mean by model.(Poerbo et al, 1995) It can be best described in Coombs's (1980;525) proposed definition:

> "...[A project] is not a model in the strict sense; it is more in the nature of a particular strategy, based on a certain set of principals and goals, that can be flexibly applied in different situations in a wide variety of ways."

A more focused definition would be useful in clarify project community-based objectives in the future.

4.9 CONCLUSION

Under conditions of political instability and insufficent community structures, Project Sambizanga introduced interventions into the community of Ngola Kulange in an appropriate manner. Water, sanitation and health projects were implemented according to expressed needs and through consultative decision making processes. Effort was made to establish communication between the community and local governments. Public awareness and motivation was promoted by trained, local mobilizers and through involvement with Project-sponsored community projects and organizations. The particular strategy used for interventions is important in stimulating human interations necessary to promote community. However, indicators of progress in community development are very difficult to measure and the development process itself takes considerable time; often beyond a short-term project time frame of 3-4 years. Although there was a lack of self-sufficient organizations and user groups, the

Project's efforts and achievements have promoted other areas to consider and in some cases implement similar projects, thus achieving some measure of replicability.

SECTION 5 : TRAINING

5.0 TRAINING PROGRAM IN SAMBIZANGA

Training is a highly skilled and professional activity. Good training can change the society and instigate change among the individual people. With training, skills, knowledge and awareness increase. Generally, training imparts information, knowledge and skills to the trainees from the trainers in order to achieve objectives common to both parties. Ideally, training is in the interest of the trainees. In order to carry out the project philosophy training enhances skills and suggests ways of working for sustainability. Training should impart the mission, philosophy, and objectives of the project to the trainees (Robinson & James,1989:14).

Training is a necessary part of a any program to make it sustainable. Human knowledge and skill is required to replicate the program. If there are trained people the program can continue without the organisation. Therefore, training is important to Project Sambizanga. The people who are trained should understand the importance of DW's initiatives. If those trained do not understand the result of the training program, it will be difficult to continue the Project. In Luanda, people were affected by many diseases partly as a result of poor sanitation. Project Sambizanga worked to improve health conditions in Ngola Kiluange (DW, 1992:6). The Project trained community members in different aspects of development relating to physical upgrading and health.

The aim of the training component was to develop and implement a training model for community development workers, Govt. Health staff and local project staff (DW, 1994:17). Training was provided through both informal on-the-job activities and formal courses in physical upgrading; water supply, latrines, and solid waste disposal.

5.1 TRAINING METHODOLOGY

Development Workshop trained a group of individuals different skills in water supply, water treatment, storage of drinking water, basic sanitation, solid waste management, health, community development, project management and capacity building (DW, 1995). With these skills it is hoped and assumed by Development Workshop that each person will inform and train others when Development workshop phases out its involvement in the peri-urban areas of Luanda.

5.2 OBJECTIVES OF THE TRAINING PROGRAM

The aim of training program is to develop a pool of skills in the local community in constructing hygienic improved latrines to minimum specifications, from which residents wishing to construct latrines can hire experienced builders (DW, 1995:20).

The short term objective was to create a link between the project and the community by motivation of project staff and development community members. The long term objective was to provide technical training to community members and local government so that they have the necessary skills to be self sufficient (DW, 1994:17). Technical training was necessary because many projects require technical knowledge and the people did not have this kind of education.

Training is a fundamental part of Project Sambizanga because skills are transferred to the community through training. The trained local people develop linkages between the Project and the community. They are representative of the Project and community, because they are local citizens. Project Sambizanga utilizes various strategies with its training program. The training teaching method is based on problem solving and trainee participation. Trainers do on-the-job training with trainees in terms of enabling people to do things they want and need to know how (DW, 1994:17). DW accompanies them during an intervention, and reviews the result with the trainee so they can

improve their performance. Project Sambizanga's training targeted community development workers, members of community organizations, other members of the local community, government health staff, and project local staff (DW, 1994:10).

FIGURE 1

AREAS OF TRAINING
Water supply, water treatment and storage for drinking water
Basic sanitation
Solid waste management
Community development
Community health
Project management and capacity building.

5.3 ASSUMPTIONS OF THE TRAINING COMPONENT

There are certain assumptions inherent in the Project Sambizanga training program, or something like that. The training program may not address the needs of local people or find the appropriate people to train. The community may have different expectations from the Project and DW may have different expectations from the community in terms of learning and interest. After being trained some people may take more interest and some trainees may lose interest if they are not attracted to the topic. Further, this training could become a source of income for some people. People trained may not have less resources to implement the program. If trainees do their job

properly the local environment could be improved for the long-term. Ideally, trained people are model change agents.

5.4 WHY TRAINING IS IMPORTANT

In any organisation , whether NGO, semi governmental, or governmental, training programs that develop the interpersonal and technical skills of staff are of prime importance. In organisations which are basically operated for profit like businesses, training programs are considered part of an organisational strategy that help them survive and adapt. In all kinds of training programs social, economical, and cultural aspects must be given sufficient scope during the training programs. Language proficiency is also important.

It is necessary to identify what training will be for whom: project manager, project operational staff, community beneficiaries and who will give the training. Also, it is important to establish a relationship between trainers and trainees.

This being the situation, NGOs want to develop skilled human resources from among the beneficiaries who, in the long run, will mediate the development process between the NGO and the beneficiaries. Eventually they will be leaders in the community and implement their own vision for development. NGOs are not going to have consistent ongoing support for the beneficiaries. Eventually funding comes to an end or the NGO leaves the project area. The true test of the effectiveness of training comes when the beneficiaries must do their tasks alone and pass along their skills to others.

NGOs need to communicate with the beneficiaries about the mission, objectives and activities of their projects. NGOs often recruit members of communities to act as liaisons so the NGO can enter the community directly, and be trusted at the local level. These communicators act

between the development agency and the beneficiaries for certain social and economic returns. NGOs work to develop political support and goodwill at the village level. It is very difficult to change the local culture introducing activities such are not according to their existing social set-ups and institutions. It is beneficial for NGOs to develop local agents who will support the NGOs ideology at local levels. In this way, NGOs work to access interest groups within the community.

There are several important points concerning training programs for the local trainees. For example, who selects the basis for selection compensation policies and evaluation policies? The objectives, interests, and perceptions of what is important often differs between trainers and those being trained. The selection of what technique is suitable for which type of training is dependant on the skill and understanding level of the trainees, the components of training, the place of training purpose of training, feasibility of training, trainers approach, as well as other factors.

5.5 WHAT HAPPENS IF TRAINING IS INEFFECTIVE?

Communication levels, training components, interests and needs of trainees and trainers, cultural differences, and trainee selection must all be considered when determining what is effective training. If training is ineffective, the trainee will understand nothing. In this case the purpose of training, money, time and the potential for passing on expertise is lost. The Project's image also becomes vulnerable. It will create a gap between the Project specialists and the trainees and community. Simply, there is no use of ineffective training. Ineffective training can be a cause of destruction of natural resources, human resource and economic resources and the Project may fail.

5.6 BENEFITS OF GOOD TRAINING

With good training Project objectives can be met. Trainees and trainer should develop good relationships and the trainer should perform effectively. It will support the Project image, management, time, money and expertise. Obviously, with a strong training component, the Project is more likely to run smoothly. Good training allows for the creation of a successful agent at the local community level in the form of newly-trained members of the community. However, to achieve this, you need to develop certain performance measurement techniques before imparting training. On the basis of these measurement techniques you can say that the training is bad or good. You can evaluate your training program both during process and post training. Your program will more likely be successful and replicable, but if it is not, you will know why.

5.7 TRAINING: AKRSP vs. PROJECT SAMBIZANGA

The population of Ngola Kiluange was less before independence (DW, 1992:5). Now the population has increased due to people fleeing the war and looking for economic opportunities in the city, and there was insufficient infrastructure. Also, there is different types of diseases like malaria, diarrhoea, and cholera. Angolan people were dying. The causes of these diseases were unclean water and poor sanitation (DW, 1992:5). For these until the community would not be aware it is difficult to solve these problem . It is not a permanent solution that you build a hospital or provide medical aids and treatment. For development awareness is important and awareness comes through good training. The main focus of the training program was at Ngola Kiluange located in the peri-urban municipality of Sambizanga (DW, 1992:5). The implemented infrastructure Projects were to support the community by improving the clean water supply and basic sanitation. The

purpose of the Training component was to create an awareness within the communities about issues and to impart skills through training activities.

Every year 300 people were dying out of 1000 because of different diseases (DW , 1992:5). The cause of these disease are poor environment , poor sanitation and dirty water. These are related to community's awareness to health issues. Therefore training was a necessary part of Project Sambizanga. The second thing is that the NGO is not a permanent institution. Therefore, it is in the best interests of the community if the NGO attempts to replicate its knowledge for the benefit and betterment of the community in the form of training. After the withdrawal of Development Workshop from the peri-urban areas, the trained people will replace the departing foreigners. The trained people are the human capital of the program. Therefore strong training is necessary for continuity and sustainability of the program. In Sambizanga the training program was very important because there many things depend on technology and an understanding of how to build the structures for the projects, and the people trained also need to developed awareness and maintain the program. Prevention of losses of human lives are important. This is why the health program and the different programs that help make the environment better are important and the people who are trained must know how to do their jobs. When local people can do these jobs then is possible for local people to control the parts of the Project that only foreigners and outsiders understood before.

In every community training is necessary if they have an agricultural base or they rely on any other rural livestock or farming-type industry that can benefit from education for making the tasks easier and better. In the Aga Khan Rural Support Program (AKRSP) it is also necessary to provide a training program. But its approach is different. It works in the agriculture field, and works to develop rural economy. But the community also needs to train people; otherwise how will they

maintain the program? The HRD in AKRSP is not directly involved in the training program, but the concern sections with the collaboration of HRD and Social Organizers providing training to community such as in agriculture, livestock, forestry, account and credit, appropriate technology, literacy, and numeracy. AKRSP also provides training for its staff.

Project Sambizanga also provides training for local people, those who belong to local government organizations, local NGO staff, and community members (DW, 1995:9). However, the Project Sambizanga approach is different, because the needs of the community are different. Training should be adaptable according to the needs and situation. But, it is also important to identify the social and sincere activist. A good activist serves as an effective link between the community and other agencies. A poor activist will lose interest and not give information to the community in a way that the community will be enthusiastic about the Project. Careless selection of activists leads to a waste of the money spent on training.

5.8 PROJECT SAMBIZANGA TRAINING OUTPUTS

Project has achieved some of its objectives to provide training in different components. It is very difficult to evaluate the training program quickly, because you cannot see the effect of training during the training period or just after the training. Training is a long process. Human beings improve through experience following the training program. Therefore it takes time for targets to be achieved in some components.

5.9 Is Project Sambizanga Providing Good Training?

Training by itself is not good or bad. However, the approach, knowledge, situation, trainers and skills should be appropriate for the community. The Project has managed training programs in

different areas. Because of training, skills, knowledge, and awareness increase. If you see the training program of Sambizanga, you have three ways of questioning it. One is, how many people did the project train? Another is, is this number of trained people enough to do the Project for the entire community or targeted population? And also, was the training program of quality? During four years the Project has performed well according to achieving its target in some areas.

5.10 Training planned for 1993

The project had planned training courses in water, sanitation, community health care, and community organization. Short courses were provided for different components (seminar, workshop etc.), First aid, English language course, water disinfecting, enlarged program of immunisation, latrine constructions, external courses and interview skills (DW, 1993:20).

5.11 Training completed in 1993

Two, 3-month training modules have been completed in water and sanitation and better health care Community sessions were completed in group dynamics and leadership training. Short courses varying from 1 to 3 days in duration were offered in the topics of diarrhoea, prevention and management (specifically) of cholera, nutrition for families, and immunization schedules. Short courses of 1 to 2 weeks were offered in interview skills, community education, Provincial EPI program, control program, control of chlorination of drinking water and training for community workers in the construction of latrines. Two community workers have participated in English courses for 18 months. Project community workers participated in 2 seminars promoted by UNICEF about role of community development workers, health education and prevention of AIDS (DW, 1993:8).

5.12 Training courses in 1994 -95

In water treatment the project trained 104 people from national NGOs, Project staff, activistas, teachers and health staff. In the administration, planning and education only 72 activistas were trained. 50 people have been trained in malnutrition and its treatments. In latrine construction theory, and management 79 people were trained (DW, 1995:18).

5.13 Training conducted

Refer to Figure 2 for training programs were conducted during the year.

FIGURE 2

A. Rational use of medicines for nurses
B. Management training for the administration and medical doctors
C. The week long training on rational use of medicines involved 22 candidates from Cacuaco and Sambizanga.
D. Project management and capacity builders (DW, 1995:31).
   1 person trained in financial control
   1 staff member attended 6 week course for business studies.
   2 Members trained in computer skills.
   4 Activastas trained in English language.
   2 activistas enrolled in administration course
   1 Activistas trained in librarianship
   2 Activastas trained in mobilization courses (DW, 1995:40).
E. Technical training

Course	13
Trained	90
Perform independently	46
Observed	32 (DW, 1995:43)

5.14 Training completed in 1996

4 three-month training modules were completed in Water and sanitation, Better health care in community, Training for work in groups, and leadership, functional literacy and Society and its structures. Short seminars of 1 to 3 days were held on diarrhoea 4 times, prevention and management of cholera 4 times, better nutrition for families 4 times, immunisation schedules 6 times, role of community development workers, community development workers, and health education and AIDS.(DW, 1996:8)

A number of short courses were held, in how to do interviews, community education for vaccinations, control of chlorination of drinking water, training of community workers for enlarged cholera program, networking for women in formal sector, English courses for 2 community workers, training in latrine construction 6 courses, communication methods for community development, simple accounting procedures, and participatory methods of working with the community.(DW, 1996:8)

5.15 Critique

The main objective of the program was to train the people because they want a sustainable program in Sambizanga. If community development is the priority of the Project, then most money should spend on the training program but it is not so in Project Sambizanga. They have moved the training of some of the local trainees to somewhere abroad where these types of institutes are educating on subjects DW does not offer. But moving people abroad takes a lot of money. Only 8 percent of the budget money spent on training program, even if this only includes teaching materials, is not enough. (Appendix 1.1) As a result only 26 percent performed their jobs successfully by themselves in 1994 and 35 percent working in 1995. You need to focus more

5.16 Suggestions

1. Spend more money on the training program, because for better training you have to hire consultants and invest in materials.

2. Evaluate and monitor the training programs frequently to know if the trainees are able to do the work and know what their weaknesses are.

3. To train more people according to the area and population, because the population is high and the area is big. If the project wants to cover the whole area then train more people. Those trained should educate other people and replicate the project for the benefit of people.

4. Should establish a Human Resource Centre in Angola according to the local needs, because training is necessary, to maintain the program. If there is a permanent training centre then the local people will be train according to the local need timely.

5. To introduce new technology with respect to time, taking into account that implementation requires adjustment, because according to time and need new technology should be introduce. When the people will be develop they need more development.

6. Closely monitor trainees performance once on the job. This has two benefits: One is you will refresh regularly your trainees and secondly you will see the weakness of trainee and training program. The next time you improve the training program.

7. Develop master trainer to evaluate and transfer the new skills for local trainees, because when you have a local master trainer, they will replace you and they will train other people time.

8. Develop strong linkages between various trades, this is important because if they develop linkages they will transfer their ideas and the knowledge will transfer to other professional, and secondly for economy of skill.

9. The experts of various trades should be invited to a platform discussion to share their experiences. The transfer of knowledge will be helpful in the training the issues of each subject

10. Develop income generated cluster for sustainablity, if the trainees form the cluster they will link to different Organisations and they will supply the needy item to the people by themselves, and also they check their responsibilities and work.

6.0 - COMMUNITY HEALTH

In this part of the paper, I will outline Development Workshop's initiatives concerning health in Project Sambizanga. First, I will outline the objectives set out by DW in regards to improving the health conditions in Ngola Kiluange. The examination of the Cholera Program will follow, and I will then analyze Participatory Development through Training and Community Involvement in Health Development in the peri-urban areas of Luanda. In addition, I have outlined recommendations and will conclude with thoughts about the success of Project Sambizanga. Please refer to Diagram 1 for the overall structure of Community Health in Project Sambizanga..

6.1 - OBJECTIVES OF PROJECT SAMBIZANGA - COMMUNITY HEALTH

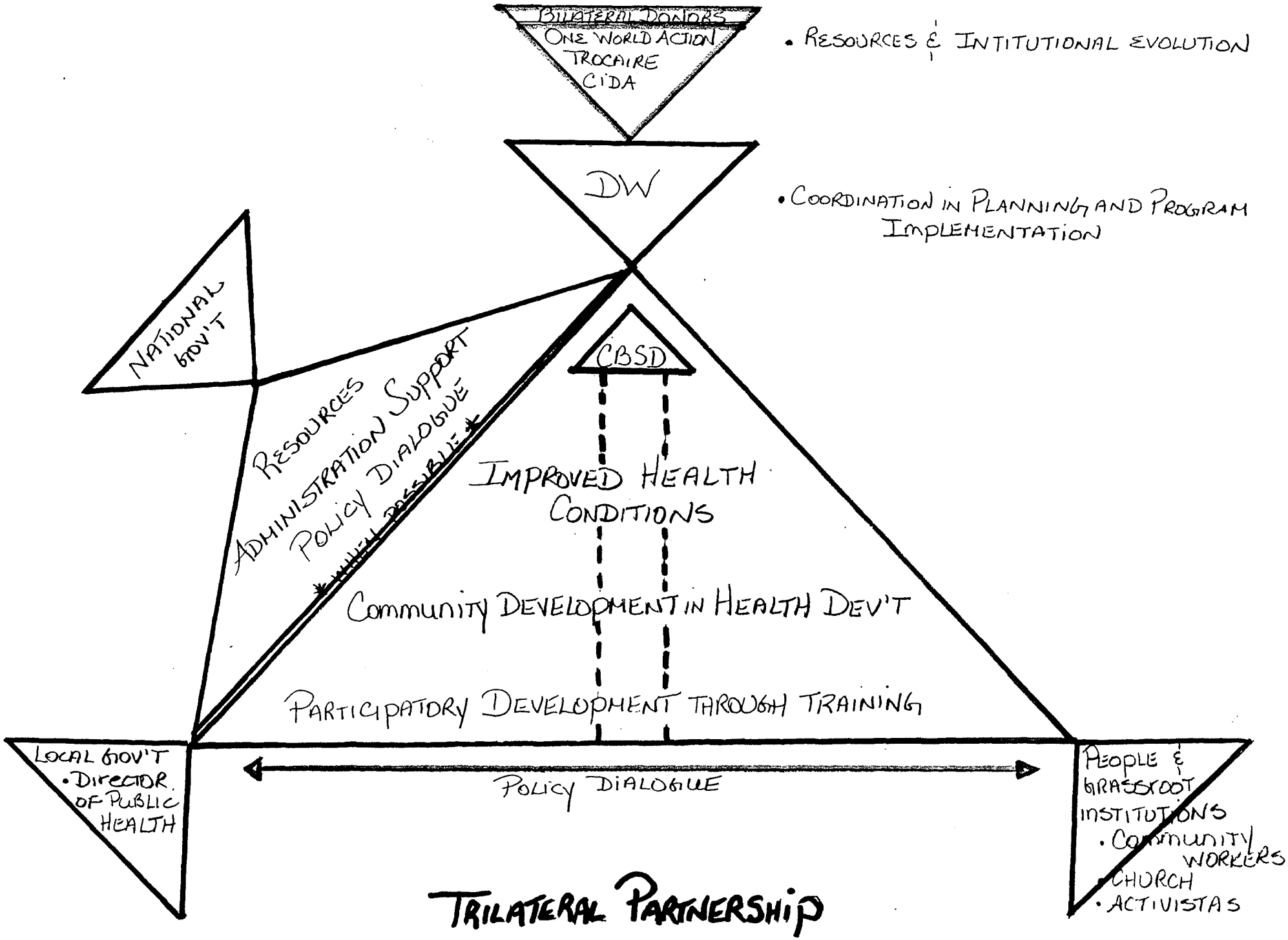
I stated earlier that Project Sambizanga was conceptualized during a time of peace. At this point, Project Sambizanga's developmental objective was " to develop a community based model for interventions aimed at improving public health conditions in the musseques" (DW, 1992:12). Furthermore, its actual immediate objective for improving the health conditions of the peri-urban areas of Luanda was to

> Develop the capacity of the community to understand health and environmental issues in relation to their daily lives in order that they press for useful and appropriate changes (DW, 1992:12).

In sum, DW wanted to have an impact on the overall health of the population living in the peri-urban areas of Luanda by improving the quality of the health services. The entry point for

DIAGRAM 6.1

COMMUNITY HEALTH



TRILATERAL PARTNERSHIP

intervention where by health services and developing the community's capacity to understand and become more aware everyday health and environmental issues. To this end, DW worked to improve the physical infrastructure of the health centres and health posts, to providing specific in-service training designed for health workers and activistas, in order to raise awareness of health issues (DW, 1994:43).

However, following the elections, fighting resumed and the country fell into a state of chaos and political instability (DW, 1993:3). Development Wokshop was now faced with new problems. The implementation of Project Sambizanga now had to cope with Angola's a state of emergency and an epidemic of cholera. DW had two choices; overlook the emergency situation stating that it is not within the mandate of the proposed project, or provide emergency aid without fully compromising the projects objectives. DW decided to proceed with the latter, and in doing so Project Sambizanga was delayed in order to react to the emergency situation (Afshar, 1996:1).

6.2 - THE EMERGENCY : ANSWERING THE CHOLERA EPIDEMIC

Development Workshop's first order of business was to address the cholera epidemic. DW sought funding from One World Action, Trocaire and the Canadian International Development Agency and successfully incorporated a Community-based Cholera and Diarrhoea Prevention Program. The program adopted an integrated approach in which community workers were recruited from the government, local NGOs and community groups. Subsequently, they were trained in the preventation, recognition and appropriate referral of cholera and other

diarrhoeal diseases. In addition, trained community workers were sent in teams to their respective communities. The teams adopted their own working program based on the conditions and available resources in thecommunities (Gonzales, 1996:5). However, there was no statistical data that indicated the outcome of the Cholera Program itself thus, I am unable to assess the Cholera program. However, in the one statistic on Diseases Related to Environmental Sanitation (Table 6.1) there is evidence of a significant increase in the number of cholera related deaths from 1990 to 1993, 51 deaths to 124 deaths respectively. In addition, there was evidence of a decrease in the number of cholera cases that resulted in death between 1993 and 1994 in Table 6.1 and 6.2. Table 6.1 indicates that there were 124 deaths in 1993 and in Table 6.2 there was approximately 25 deaths in 1994 related to cholera (DW, 1995:3). Thus, it is clear that the Cholera Program did have an impact on the levels of cholera related deaths but I cannot be fully accurate for lack of reliable statistical and analytical data. However, by 1994, according to the Table 6.1 and 6.2 cholera seemed to be less important then diarrhoea and malaria; 4204 and 4641 deaths respectively.

Once the cholera epidemic seemed to be under control, Project Sambizanga was able to begin. The method of training Angolans in order to promote participatory development was employed by DW as one of its first implementation strategy.

6.3 - PARTICIPATORY DEVELOPMENT THROUGH TRAINING

Project Sambizanga was trying to achieve community-based sustainable development through participatory interaction thus it was essential that DW use a community-based integrated

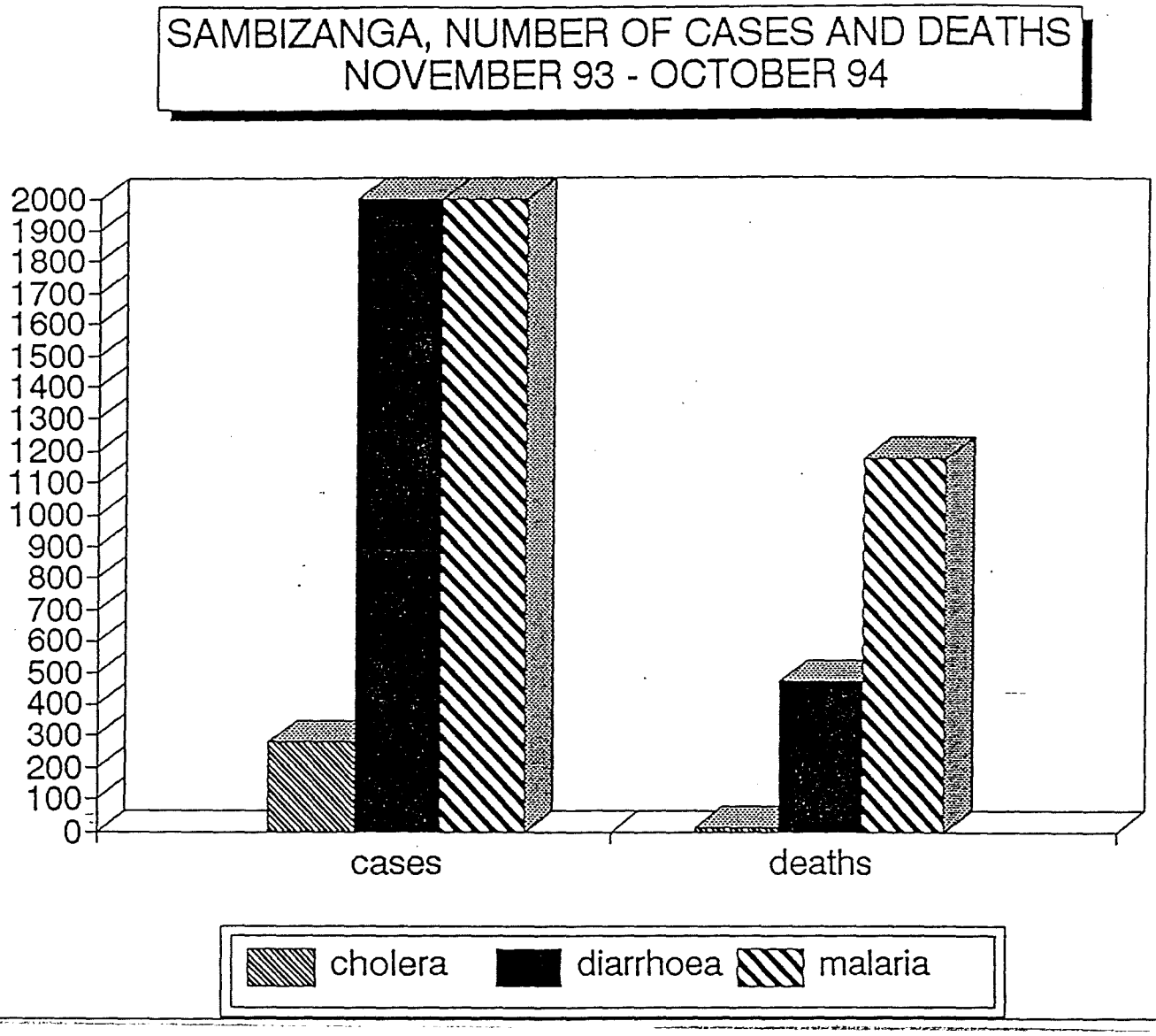
TABLE 6.1

Table 1 Diseases Related to Environmental Sanitation

DISEASES	1990		1991		1992		1993	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
CHOLERA	3523	51	4812	74	2235	66	5121	124
DIARRHOEA	71630	996	84610	2186	60298	3124	80479	4204
MALARIA	168790	1548	227757	3566	181675	2484	196801	4641
TYPHOID	5	0	22	0	13	0	33	0
HEPATITIS	544	105	1116	365	1119	205	1506	263
INTESTINAL PARASITES	292	0	534	0	458	2	253	0
CONJUNCTIVITIS	9528	0	18108	0	11858	0	14226	0
TOTAL NUMBER CASES / YEAR	254312	2700	247537	6191	257656	5881	298419	9232

Nota: Dada supplied by the Luanda Provincial Department of Public Health in November 1994

TABLE 6.2


SAMBIZANGA, NUMBER OF CASES AND DEATHS
NOVEMBER 93 - OCTOBER 94
2000
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
cases
deaths
cholera
diarrhoea
malaria

approach throughout Project Sambizanga. The basic underlying assumptions about participatory development in health development is that this method provides people the opportunity to become part of the development process and have a voice in decision-making. The participants acquire skills and knowledge that are required for health development. They have access to new resources and they share in the benefits. Thus, community participation an be seen as one method of upgrading health services in the peri-urban areas of Luanda (Oakley, 1989:2-3). Within a community-based integrated model, training is a vital steps to achieving participation health development. A health education training module offered a variety of courses and seminars. A listing of training courses that have been completed by the end of 1994 can be found in the training component of this paper. However, I would just like to add that the training courses were opened to all those interested, including activistas, project staff, teachers, health staff and governmental personnel. Training units allowed for interaction to occur between people and local governmental personnel. This can be further seen as possibly strengthening relationships in hopes of influencing future policy dialogue between local government personnel and grassroot mobilizers.

Participatory development through training allows the people to be influential participants in their own communities' growth and development, and is a cost-effective way to promote health services in the community. The community is now able to reflect upon health care services as a preventive method and not fatalistically. Since the community has invested time,

labour, money and materials in promoting health development, there is a stronger commitment to use and maintenance of the services provided by DW (Oakley, 1989:4). The involvement of the community is an integral component for future health development.

6.4 - COMMUNITY INVOLVEMENT IN HEALTH DEVELOPMENT

The importance community involvement in health development is to improve health conditions and to eventually achieve community-based sustainable development. Community involvement was an important component for the overall success in health development of Project Sambizanga.

> To be successful, [primary health care] needs individual and community self-reliance and the maximum community involvement of participation, that is to say, the active involvement of people living together in some form of social organization and cohesion in the planning, operation and control of primary health care using local, national and other resources (Oakley, 1989:8).

In addition, training not only promoted participatory development but also led to a much more meaningful commitment to health development from the people themselves. Once training was completed, the activistas and community workers had the appropriate skills to be more involved in community health development.

> The term "involvement" is preferable to "participation" because it implies a deeper and more personal identification of members of the community with primary health care (Oakley, 1989:8).

According to Oakley the definition of Community Involvement in Health Development is:

> Community involvement [in health development] is a process by which partnership is established between the government and the local communities in the planning, implementation and the utilization of health activities in order to benefit from increased local self-reliance and social control over the infrastructure and technology of primary health care (Oakley, 1989:13).

It is important to note that the Angolan government provided the funding for the health centre and that DW provided selective capital inputs, such as training health staff and activistas. Outlined below are the two areas of the health in which DW was a key factor in helping to further improve the health services of Luanda's peri-urban areas.

6.4.1 - HEALTH STAFF PERFORMANCE

DW's function in community involvement for health development was to provide in-service training to the staff at the Health Center to improve staff performance. The continuing education for health centre staff worked to reduce the dependency on external resources and promoted self-reliance.

The issue of staff performance at the Health Centre in Ngola Kiluange was assessed as an indication of overall improvement in health status. The Health Center provides consultation, prescriptive medicine and monitoring by specialists and professionals. There were 3 health services that showed significant improvements from 1992 to 1994 (see Table 6.3 and 6.4). The Immunization Program reported that in 1992 there were only 127 vaccines administered per day, where as in 1993, 205 vaccines were administered per day. (1994 statistics were unavailable). In addition, Table 5 illustrates the total number of vaccines administered per year in Ngola Kiluange

TABLE 6.3.

Comparison of Performance Indicators for Health Staff Ngola Kiluange

Service	Consultations 1992			Consultations 1994		
	total Annual	per day	Consult /Worker /day	Total Annual	per day	Consult /Worker /day
AnteNat	5019	20	5	9875	39,5	13
Under 5	4762	19	19	14057	56	28
Med	3163	13	13	2890	11,5	11,5
Ped	3423	14	14	4748	18	9
Vac	30625	127	63	UNAVAILABLE		

TABLE 6.4

SERVICE PERFORMANCE

Health Staff - Ngola Kiluangue.

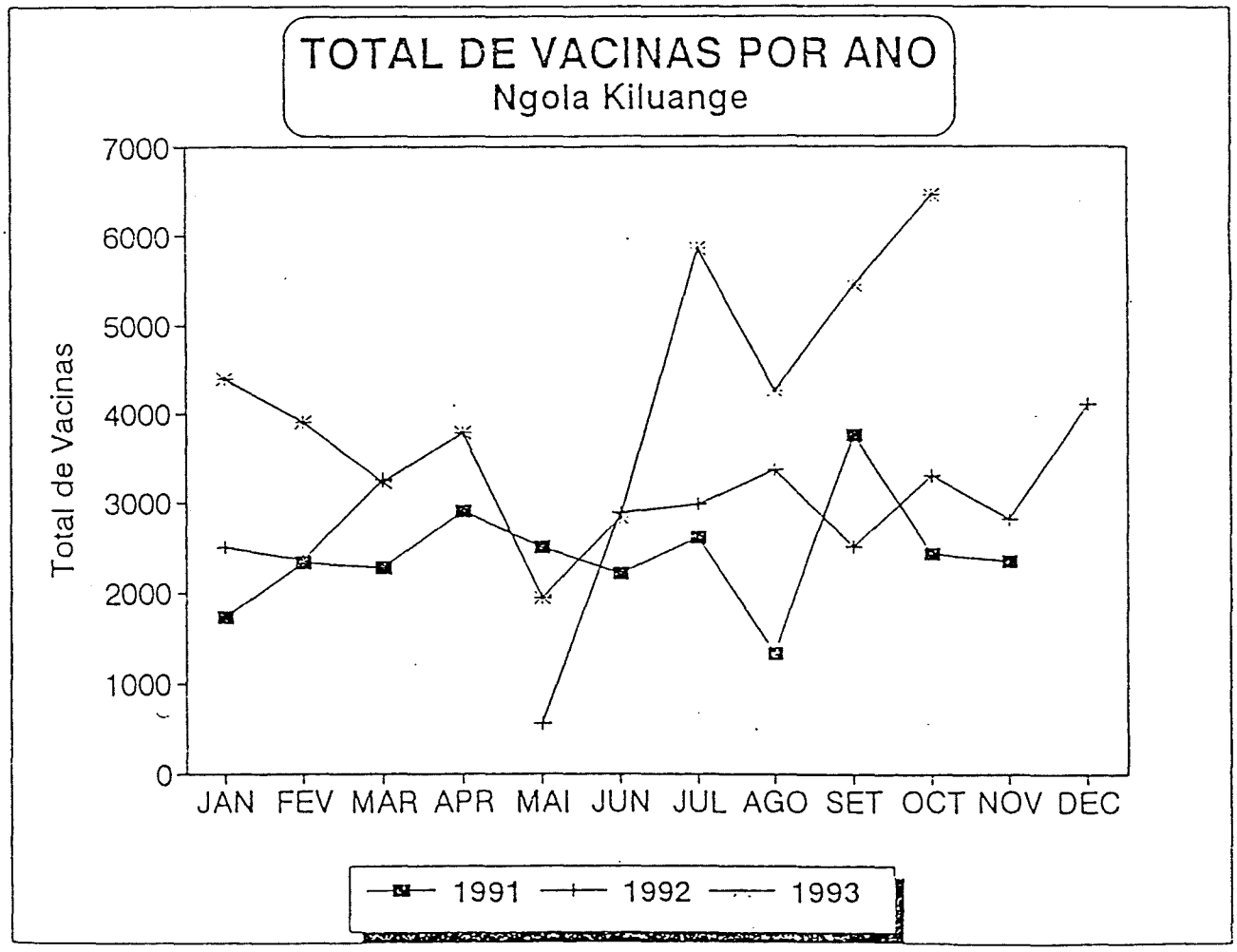
SERVICE	92		
	Total consultations/ Vacines	consultations day	consultations/M.W. day
Ante Natal	5019	20	5
Under 5 Surueillance	4762	19	19
Medicine	3163	13	13
Pediatrics	3423	14	14
Vacines	30.625	127	63

SERVICE	93		
	Total consultations/ Vacines	consultations day	consultations/M.W. day
Ante Natal	8825	36	9
Under 5 Surueillance	12.465	51	51
Medicine	3954	16	16
Pediatrics	4161	17	8.5
Vacines	49.227	205.11	102.6

TABLE 6.5

TOTAL DE VACINAS POR ANO : Ngola Kiluange

MES	1991	1992	1993
JAN	1720	2496	4401
FEV	2332	2348	3904
MAR	2262	3260	3235
APR	2895		3786
MAI	2499	555	1944
JUN	2205	2890	2834
JUL	2607	2988	5862
AGO	1321	3367	4258
SET	3752	2502	5453
OCT	2433	3305	6451
NOV	2347	2809	
DEC		4105	



from 1991 to 1993. The Under Five Surveillance Program reported that in 1992 they consulted with only 19 patients per day. In 1993, they consulted with 51 patients per day and in 1994, 56 per day. The Antenatal Care Program reported that in 1992 they consulted with only 20 patients per day whereas in 1993, they consulted with 36 patients per day and in 1994, 39.5 per day (DW, 1993:10, DW, 1995:30-31).

There are several reasons for these improvements, the first being that there was better provincial organization of the programs and in-service training for the nurses which provided better quality services. Another reason was that on the whole there was an acceptable waiting period for services, the hours of business were consistent, and patients were received and attended to courteously. Finally, house-to-house visits reinforced the message of the importance of these health programs (DW,1995:31).

Unfortunately, after 3 years there is was no clear indication of whether the Health Centre in Ngola Kiluange is sustainable without the support of external resources such as the training courses offered by DW. As it stands, the staff have been trained, there are ongoing training sessions, there has been an increase in health services offered, and there is an overall improvement of the health conditions in the peri-urban areas of Luanda. Thus, Project Sambizanga has achieved its objectives outlined in its project proposal. However, the threat of war persists, the Kwanza devalues daily, and there is an ongoing increase in the population which makes it difficult to ascertain the sustainability of the health component of Project Sambizanga.

6.4.2 - HOUSE-TO-HOUSE CAMPAIGN

The house-to-house visits by activistas was a community mobilization initiative which helped stimulate health development through community involvement and intervention in improving the health standards of the average population.

The house-to-house visits by activistas have focused on educating the residents about diarrhoea prevention, household sanitation, and immunization. The house-to-house campaign started in 1992. According to Table 6.6, there was an overall improvement in health of residents of Val Saroca and Sao Pedro de Barra (both bairros of the Ngola Kiluange pilot project area). The indicators are, more children properly vaccinated, fewer children under the age of five with diarrhoea, and more houses with latrines (DW, 1995:27-29). In addition, there has been a significant increase in the number of children five years and under being properly vaccinated. In Val Saroca, 80% of children were properly vaccinated in 1994, as compared with 40% in 1992. In Sao Pedro de Barra, 64% of children were properly vaccinated in 1994, as compared with 40% in 1992. However, there were more children properly vaccinated in Val Saroca than in Sao Pedro de Barra. This can be explained Val Saroca being nearer to the main Health Centre, and the opening of a new church health post in early 1994 with the support of DW (DW, 1995:29).

Furthermore, Table 6.6 shows indications that there were small improvements in the number of children five years and under with diarrhoea in both areas and no improvements in the category of five years and older. In Val Saroca, only 5% of the houses visited had children five years of age and under with diarrhoea in 1994 whereas in 1992 there were 12%. In Sao Pedro de

TABLE 6.6

Indicators of Health and Environmental Status
from Household Visits

Indicators Indicators	% of Total % de Total				Total # of Homes Total # de Casas	
	Val Saroca		Sao Pedro Barra			
	1992	1994	1992	1994	1992	1994
1. % of houses with children without vaccinations % casas c/ criancas s/ vacinas	60	20	60	36	869	1896
2. % of houses w/ children aged < 5 years with diarrhoea % casas c/ criancas < 5 anos c/ diarreia	12	5	15	7	202	422
3. % of houses w/ children aged > 5 years with diarrhoea % casas c/ criancas > 5 anos c/ diarreia	2	3	4	5	47	274
4. % of houses with latrines % de casas c/ latrinas	62	80	53	65	814	5519
5. % of houses with latrines blocked % casas c/ latrinas intupidas	6	3	7	4	96	248
6. % of households buying water % moradores que compram agua	61	95	16	85	743	6757
Total # of Homes Visited Total de Casas Visitadas	517	4772	931	2617	1448	7389

Source: Home Visits

Barra, only 7% of the houses visited had children five years of age and under with diarrhoea in 1994 whereas in 1992 there were 15%. The percentage of the houses with children five years of age and older in Val Saroca and in Sao Pedro de Barra in 1994 were 3% and 5% respectively whereas in 1992 the percentage were 2% and 4% respectively. The table indicates that there is a slight increase in the number of children five years and older with diarrhoea. This could be accounted in that the report corresponds with the rainy season, and the symptoms could have been mistaken for cholera or dysentery. The reported number of cases of children five years and under was higher than those reported for children five years and older could be explained by diarrhoea being an early childhood disease. In addition, it is important to note that just over 50% of the residents of Sao Pedro de Barra kept their water in appropriate storage containers whereas in Val Saroca it was approximately 92% (DW, 1995:29). Thus, there were more children drinking unclean water in Sao Pedro de Barra then in Val Saroca, which could explain the higher number of cases diarrhoea found in the one bairro relative to the other.

The activistas with the assistance and guidance of DW analyzed data collected in 1993 from the house-to-house visits and findings showed weaknesses in their survey approach. The activistas spontaneously modified their approach for the next set of house-to-house surveys. Furthermore, the response of the community was positive towards the activistas. When other community groups are considering new initiatives they seek out the activistas (DW, 1993:10). The fact that other community groups seek out the activistas indicates that the activistas have gained the confidence and respect of the area residents, and that there is room for these activities

to be replicated in other regions.

6.5 - RECOMMENDATIONS

With regards to the results of the house-to-house surveys by the activistas, it seems that the statistics do not provide a true representation of the population. The house-to-house campaign is the result of activistas visiting residents that live in homes. The war and the fluctuation of the currency have caused many new people to migrate to the region. Is the health status if the newcomers being considered in the house-to-house visits? In addition, the Health Centre does not indicate whether the patients are from inside or outside the project pilot area. Many people are using the Health Centre and may not all be from the project pilot area. Again, data collected may not reflect the growing population thus, they are skewed. I my opinion, the Health Center documentation should include questions about the patients residence in order to keep the statistical data legitimate. The activistas should also be considering questioning Angolans that are homeless in the area in order to build a more complete analysis.

The immunization program is very important. However, there is a lack of dialogue between the staff of the Health Centre and the activistas doing the house-to-house visits. The data on vaccines from the Health Centre (Table 6.4) show that there is a huge increase in the number of people being immunized at the Centre from 1991 to 1993, but it does not indicate the different age groups of the people being immunized. The activistas are only targeting children five years and under in their house-to-house visits (Table 6.6). The activistas and the health staff need to

discuss and coordinate their activities together in order to produce better statistical results. This would allow them to assess better the areas of health that need more emphasis, i.e. malaria. Malaria is a disease that effects the residents of Ngola Kiluange more than diarrhoea, and this could be another potential area for health education initiatives. Training had been done on the management of diarrhoeal diseases, and there is no reason why questions pertaining to malaria could not also be included in the house-to-house visits.

6.6 - CONCLUSION

Did DW achieve what it set out to achieve in Project Sambizanga? I have shown that to some extent it did achieve its objectives with regard to the health component of Project Sambizanga. Currently, the Health Centre has an Antenatal Care Program, an Immunization Program, and an Under Five Surveillance Program, among others. DW has indeed improved health services and provided ongoing training support. DW aim was to increase the capacity of the community so that they are more of health and environmental issues. The house-to-house campaign has been a tool to do just that; provide awareness. Also, it has provided statistical data that can be analyzed to produce suggestions for further improving the health conditions in the area by the people themselves. In certain areas of health I believe that DW has had an impact. However, due to the inconsistency and unreliability of data and due to the limited time span of 3 years, the impact of the Project cannot be fully assessed and measured.

I would also like to point out that there is a danger of supporting the reconstruction of the health infrastructure and initiating a health education program based on "Western" concepts. I see

no evidence of external personnel acknowledging local traditional medicines. The health staff and the activistas relied on information prescribed by DW.

Development Workshop's long-term goal was to develop a community-based sustainable development model. According to Oakley, there are four areas that could measure the success of a sustainable health development unit (Oakley, 1989:5-6). The first is that community involvement in health (CIH) is a basic right. The people have a right to be involved in the implementation and decision-making process that can influence their health and well-being. To be involved in this process raises self-esteem and promotes a sense of responsibility and ownership. I believe that DW has been able to encourage this kind of community involvement by providing the array of training modules to the population.

The second area is that community involvement in health development can be used as a tool in accessing more local knowledge. This in turn can help reduce health service costs. The health centre is locally staffed and the house-to-house surveyers are all local workers. Thus, the project is not paying outrageous salaries to non-Angolans. On the other side, local traditional medical knowledge is not being used.

The third, is that CIH heightens the possibility that a project will use appropriate methods to achieve health needs. I believe that DW has been able to do exactly this. Finally, CIH is a means to sever the ties of dependency that are characteristic of health development work. CIH makes people more aware of being self-reliant in their own development, and in turn makes them

more politically conscious. The transformation of a politically conscious population results in people taking ownership of their own development process and to promoting change in the country. I believe that DW has been able to influence health workers to be more self-reliant. However, I feel that the next step of political consciousness has not been reached and I would suggest that it is not practical at this point in the development process.

6.6.1 - RESULTS

Using these 4 indicators of success we can chart the actual level of success of Project Sambizanga.

CIH INDICATORS OF SUCCESS	RESULTS
#1 - BASIC RIGHT	1
#2 - INCREASE RESOURCE AVAILABILITY	.5
#3 - APPROPRIATE METHOD	1
#4 - DECREASE DEPENDENCY	.5
TOTAL	3

Results: 0 = no probability of success
1 = weak probability of success
2 = moderate probability of success
3 = strong probability of success
4 = successful

According to the chart above, I would say that the community involvement in health development component of Project Sambizanga has a strong probability of succeeding in achieving sustainable development over time.

General Conclusion

Despite political and economic instability and occasional lack of partner support, DW's integrated approach was successful in allowing DW to meet its stated objectives. Water user groups and their committees regulated and managed routine repairs. Latrine and rubbish removal programs provided necessary technical skills and contributed to improvements in community health. Project acceptance and involvement was promoted by assessing community needs through trained local activists, beneficiary involvement in planning, implementing as well as stimulating community initiated organizations and projects. To ensure participation and to improve abilities at articulating needs, training of community members was key for Project sustainability. Upgrading skills of professional health staff lead to significant improvements in beneficiary health.

The integrated community-based approach carried out by DW, planned for Project sustainability in interventions of environmental services and community health. Today not all of the components of the Project are being fully run by the beneficiaries. Time and full government, company and community cooperation will be the final indicator of this Projects success. Continued replicability of the Project depends on political stability, population pressures, inflation rates and donor support.

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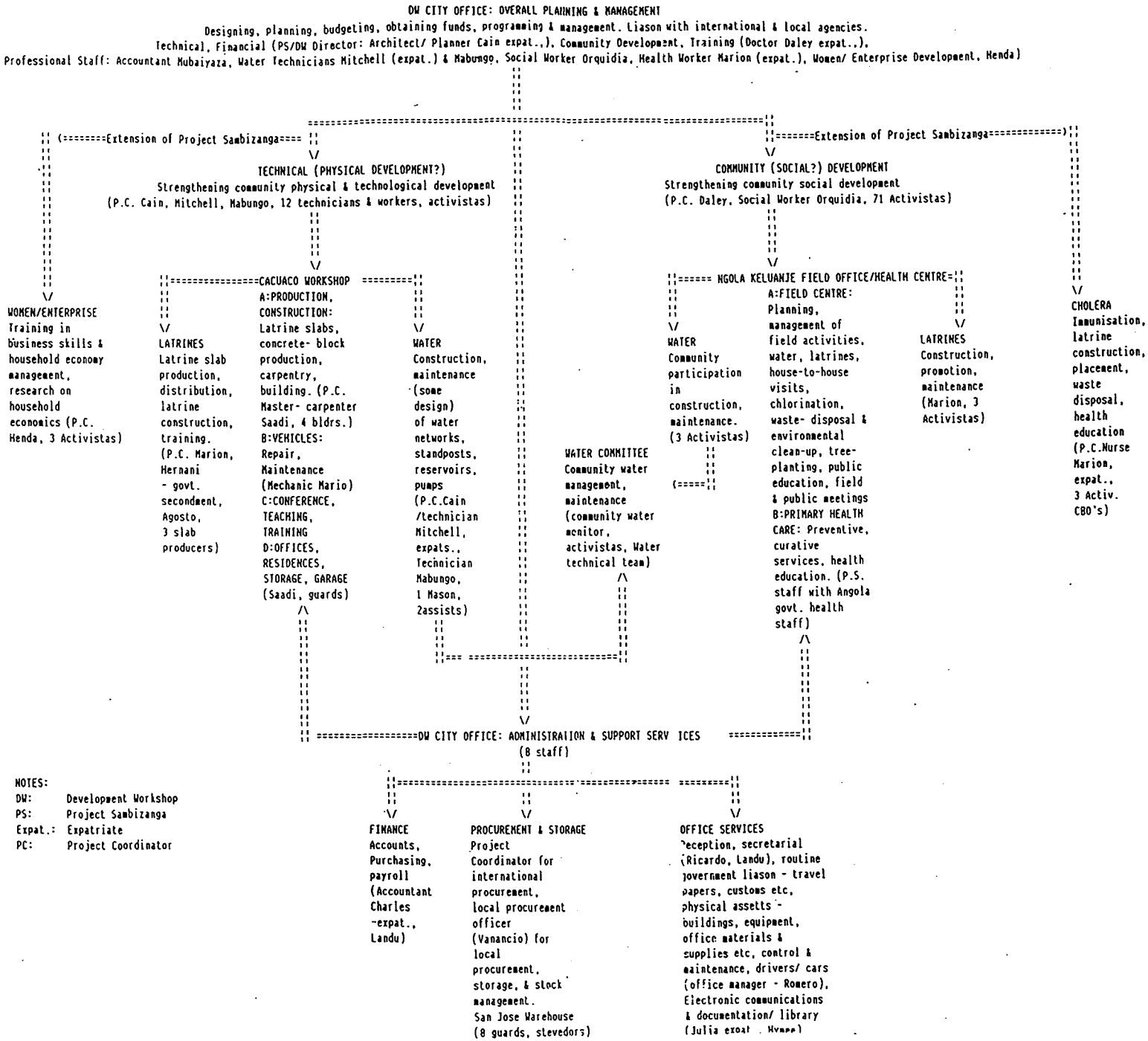
APPENDIX 1.1
Budget Expenditures

CATEGORY	TOTAL IN US$	% OF TOTAL
Salary	946 700	32.98
Equipment	314 700	10.96
Materials	294 300	10.25
Services	67 500	2.35
Training	247 500	8.62
Travel	228 000	7.94
Transport	142 000	4.95
Procurement	209 000	7.28
Monitoring	174 500	6.08
TOTAL	2 870 700	100.00

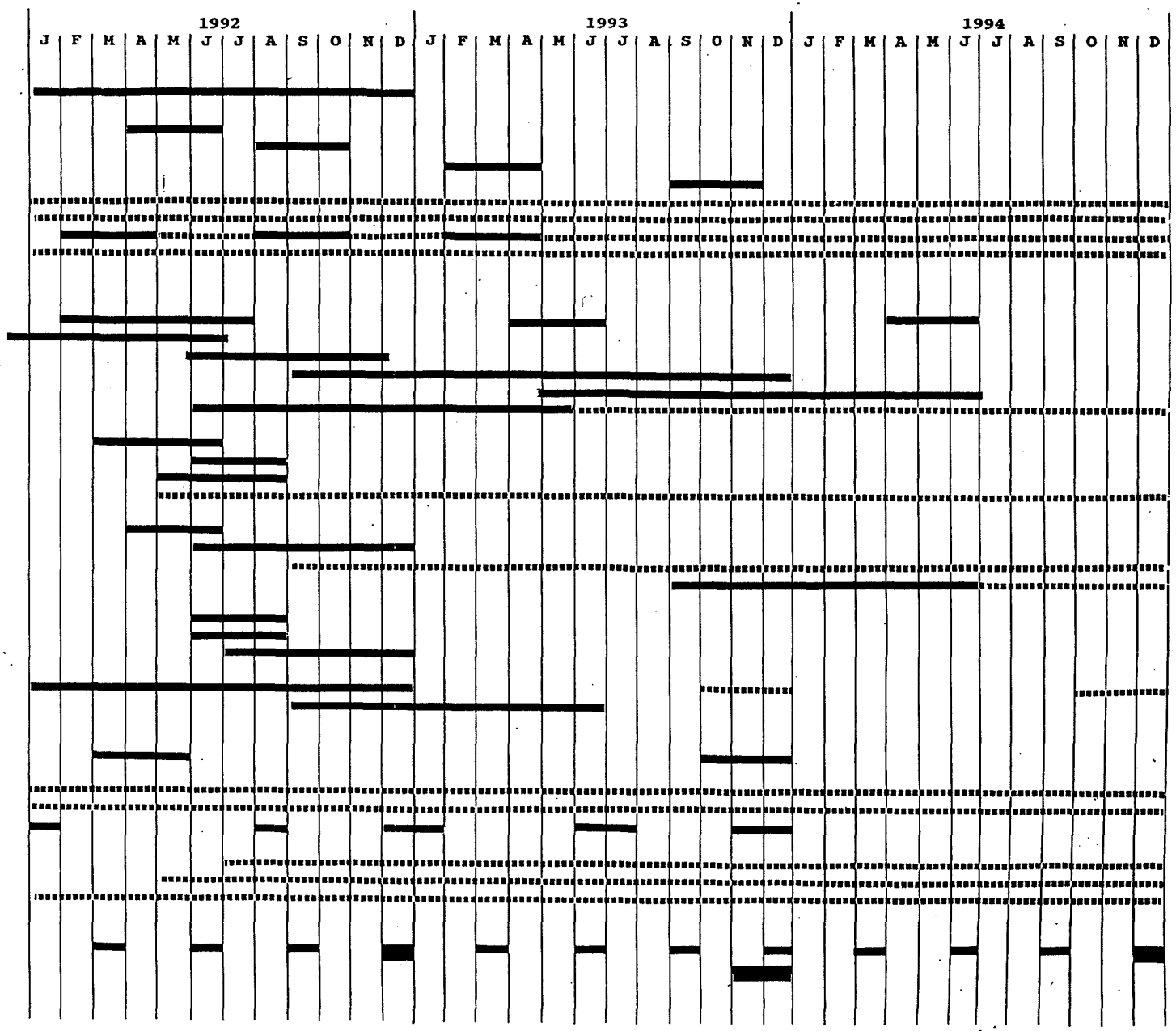
Appendix 2: Project Sambizanga Breakdown Structure

(DW, 1994, insert)



8.0 PLANNING SCHEDULE

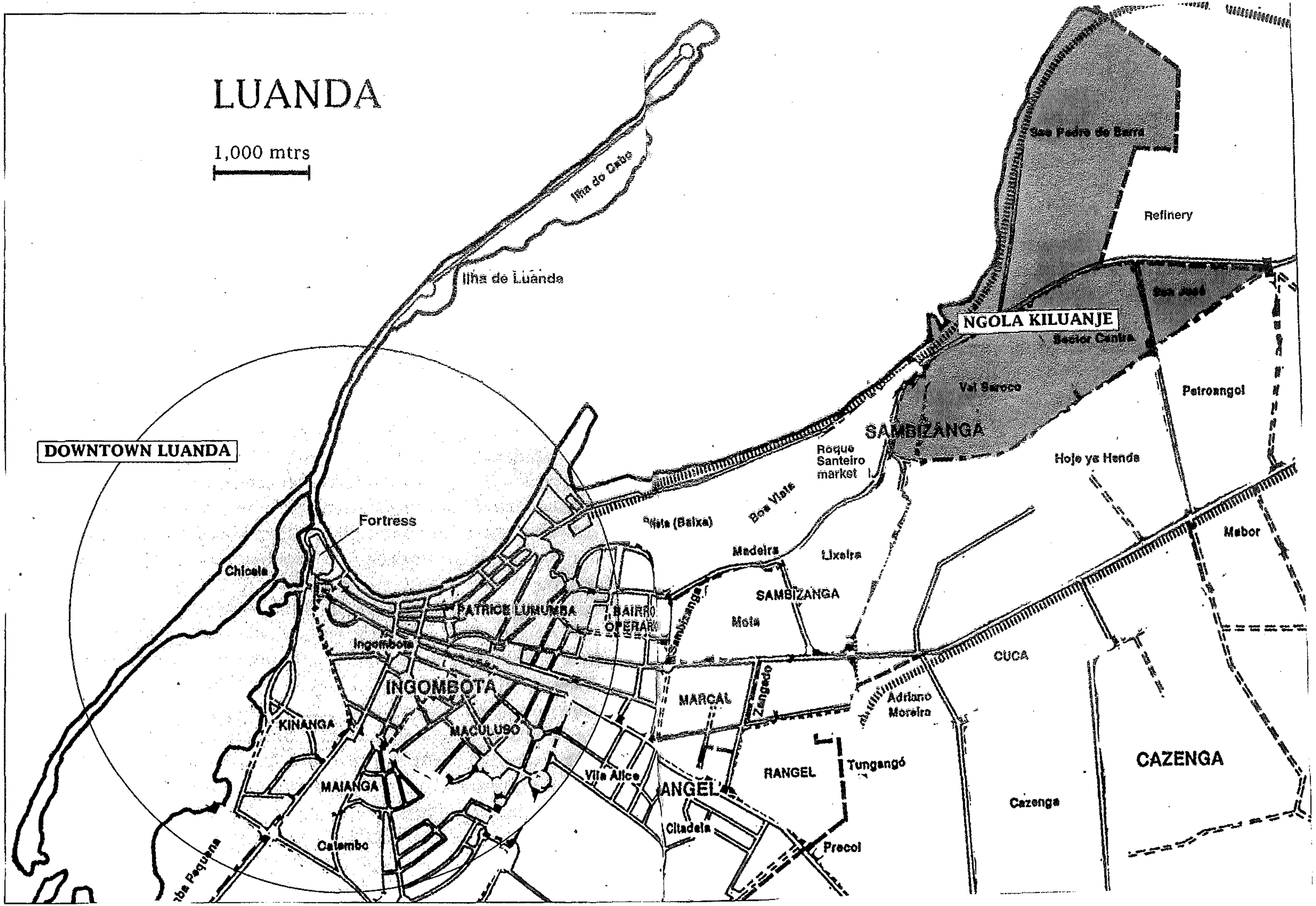
Appendix 3 : Project Sambizanga Critical Path Analysis
(DW, 1994, insert)



Appendix 4 : Project Sambizanga Logical Framework Analysis

(DW, 1995, p. 10).

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
Goal: 1 To develop a community based model for environmental services and public health upgrading for peri-urban areas of Luanda.	1.1 Sustainable model tested during pilot project implementation.	1.1 End of project report. Evaluation report.	**(Goal to Supergoal):** 1 Lack of environmental services is a key determinant affecting the poor status of public health in populations in peri-urban Luanda.
Purpose: 1 To improving access to basic services of water supply, sanitation and primary health of the target population of 150,000 through a programme of physical upgrading and social promotion involving the participation of the affected population themselves.	1.1 Increased proportion of the population having access to services. 1.2 Improved health status of population benefiting from the project.	1.1 Quarterly project progress reports & end of project report. 1.2 Public health statistics. Evaluation of data from house-to-house visits.	**(Purpose to Goal):** 1 The political environment will continue to permit civil society development and the participation of local associations CBOs & NGOs in community mobilization.
Outputs: 1 Improved access to potable water for 20,000 persons. 2 Improved environmental sanitation conditions for a population of the project area. 3 Extend community health outreach programme to 150,000 musseque population. 4 Increased capacity of local community based partner associations. 5 Improved capacity of project workers and volunteer activists.	1.1 Number of people with access to potable water. Number of standposts built. 2.1 Reduced number of focuses of environmental pollution. 3.1 Number of people reached by community health programme. 4.1 The number and membership levels of partner organizations. 5.1 Productivity of local staff members.	1.1 Quarterly and annual project progress reports. 2.1 Environmental assessment study. 3.1 Number of household visits accomplished. Quarterly progress reports. 4.1 Reports of local initiative projects undertaken. 5.1 Indicators of units of production achieved per month. Quarterly reporting indicators.	**(Output to Purpose):** 1 EPAL will continue to provide a sufficient flow of water to new standposts. 2 ELISAL does not yet have the capacity to extend rubbish removal services to the peri-urban areas. 3 Food for Work incentives will be available to community volunteers to carry out household questionnaires. 4 Local civil associations and churches are effective local partners in the long term. 5 Training can be consolidated by followup trainee involvement in real social action projects.


LUANDA
1,000 mtrs
Ilha do Cabo
Ilha de Luanda
Refinery
NGOLA KILUANJE
Petroangol
SAMBIZANGA
Roque
Santeiro
market
Hoje ya Henda
DOWNTOWN LUANDA
Fortress
Boa Vista
Madeira
Lixeira
Mabor
Chicala
PATRICE LUMUMBA
BAIRRO
OPERARIO
SAMBIZANGA
Mota
Sambizanga
Ingombota
CUCA
INGOMBOTA
MARCAL
Zangado
Adriano
Moreira
KINANGA
MACULUSO
Tungangó
CAZENGA
MAIANGA
Vila Alice
ANGEL
RANGEL
Cazenga
Citadela
Catambo
Precol