Islamabad, Pakistan, 1998



24th WEDC Conference

SANITATION AND WATER FOR ALL

## Water and community participation in the Punjab

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THE PUBLIC HEALTH Engineering Department (PHED) has a mandate to provide water supply and sanitation systems to rural communities in the Punjab, Pakistan. As with other provinces in Pakistan, the PHED has traditionally concentrated on reticulated water supplies and drainage while Local Government and Rural Development Department (LG and RDD) generally covers small-scale, discreet supplies.

A typical PHED village water supply scheme involves either gravity feed or a pumping station (depending on the source, which could be a canal or boreholes) supplying water to large settlement tanks within the village. A pumping station at site provides water pressure directly to the piped supply, which usually serves in-house or compound connections (the supply is only maintained for 2-4 hours per day to keep operational costs down). For water treatment there is usually a contact chamber where specified quantities of bleach are sometimes added. Drainage schemes usually also carry the sewerage effluent (where toilets exist) to a rudimentary treatment works which then drains directly into the village pond or, in some cases, there may be yet another pumping station water to reuse wastewater on the land.

After completing schemes, PHED also used to be responsible for the repairs, maintenance and operation (O&M) of as well as collecting tariffs from users. The tariff rate (set by Government) was not enough to cover operation costs let alone repairs. Even at this subsidised level PHED could only manage to collect funds from about 30 per cent of actual users and PHED is not really a suitable organisation to effectively deal with defaulters. There was no community participation or community ownership of schemes and consequently schemes were not well looked after. In some cases many homes already had their own private water supplies and hence they did not even want a PHED scheme. Limited PHED resources meant that many schemes had broken down completely, and most schemes were in a state of disrepair and not functioning to full capacity.

Recognising the need to get better value from its limited resources, the Government of Pakistan introduced the Social Action Programme (SAP). This provided a policy framework on how communities should become more involved in certain sectors where Government provide a service. In 1993, the Chief Minister of the Punjab approved SAP. The implications for PHED were dramatic as this meant handing over all water supply and drainage schemes to communities. In trying to hand over schemes PHED faced a number of problems:

- For historical reasons, the prevailing attitude of most communities is that Government should provide water for free
- There would always be an increase in tariff for users (quite dramatic in some cases) as communities would have to collect the true O&M costs of their scheme (usually in the order of 2-3 times the original rate)
- Communities would not take on schemes in disrepair
- Most communities were not interested in taking over drainage schemes

PHED staff had no clear strategy for handing over schemes and their staff was given no specific training for this new component of their work.

## Punjab rural water supply and sanitation (PRWSS) project

The PRWSS project (funded by an Asian Development Bank (ADB) loan) is an attempt to help the PHED to adapt to its new role. Under SAP ruling, PHED should not be able to apply for funds to build any new schemes until all existing schemes are handed over to the communities. However, the PRWSS project does come with funds to build new schemes in selected districts on the understanding that there is full community participation (starting with the planning phase) and, after completion, schemes are handed over to the community.

In order to strengthen PHEDs ability to handle the "software" components in its newly defined role, the PRWSS project has undertaken to create a Community Development Unit (CDU) with the understanding that this will become an important component PHED organisational structure. The main roles of CDU are to:

- Introduce a community participation approach for planning schemes
- Conduct needs assessment for prioritising villages selection
- Promote sanitation and hygiene behaviour using participatory techniques
- Establish Water and Sanitation (W&S) committees and provide appropriate training (e.g. roles of a committee financial management, etc.)
- Coordinate and arrange field visits for community participation teams (e.g. CDU and PHED technical

staff, LG and RRD field workers, health workers, etc.) in order to integrate activities

· Establish system for monitoring activities

## Constraints

Despite the rhetoric in the SAP, it still does not go far enough in incorporating a demand driven approach. Current SAP policy means communities make **no** contribution to the capital costs and this is a fundamental flaw in the community participation process. Even if each community contribute as little as 5 per cent of the capital costs, the advantages are overwhelming:

- There will be a much stronger incentive for the community to select an appropriate level of service according to their means
- Where communities do contribute to the capital costs (however little) then they become much more interested in planning and implementation
- They will then be a greater incentive from them to reduce the costs of the scheme and monitor the quality and efficiency of construction
- · Needs assessment step will be greatly facilitated
- The ownership question is resolutely solved

Hence, savings to the Government purse will be far greater than the meagre 5 per cent reduction in capital costs as schemes would tend to be less ambitious with a much more efficient delivery system leading to a more equitable coverage.

The main argument against this approach is that technical solutions for many areas are extremely limited and consequently communities cannot be offered options on level of service. Although there is some truth in this for the irrigated southern districts, there still tends to be an attitude within PHED that it must always provide a "first class" scheme. However, it may be possible to build on the ingenuity found in some villages where often a crude holding tank is supplied by canal water. Plastic pipes litter the tank itself (sometimes small seepage wells are also constructed close by) connecting individual homes where water is pumped into storage tanks. PHED might be more effective if it looked at ways of making improvements to this type of system rather than always trying to provide the ideal "first class" scheme. Such an approach should make for a more equitable coverage of service provision than providing the best and most costly solution that can only benefit a few select villages.

Unfortunately, there is no incentive for PHED to opt for cheaper designs. In fact it is probably more work to get administrative and financial approval procedures for lots of small projects than to get approval for fewer more expensive designs. Having two separate departments responsible for rural water supply and sanitation is also a major problem. It is difficult to see PHED and LG and RDD being able to coordinate their activities to the extent that the communities get a real choice of the range of options provided by both departments.

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