



# **WAMMA:**

## **Empowerment in practice**

**A WaterAid report  
written by  
Julie Jarman and  
Catherine Johnson**



## SUMMARY

- **Governments and NGOs can be effective partners in community water supply and sanitation programmes.**

The Dodoma experience shows that the individual strengths of the two partners can combine to deliver powerful support for community-based action. Bureaucratic constraints can be overcome with patience and flexibility.

- **Empowerment of fieldworkers makes them dynamic agents for change.**

The WAMMA teams, created from relatively junior and inexperienced staff, are highly committed and motivate villagers and local leaders. The teams form the driving force of the Dodoma programme and have helped to overcome a legacy of distrust between villagers and government.

- **Motivated and empowered communities manage their own water and sanitation projects well.**

Village water funds are growing continuously in the WAMMA project villages. Sanitation improvements and hygiene promotion are community-driven. Poor communities are maintaining and managing diesel-driven pump and engine schemes.

- **Participatory approaches need to work within existing systems and structures.**

Village water committees work in parallel with established village government structures, while ensuring that the water project is under community control. After an initial period of developing innovative approaches, the Dodoma programme is an established part of the regional government structure and WAMMA teams report through their line managers on all aspects of the projects.

- **Changing attitudes and working practices takes time.**

The Tanzanian government and WaterAid were patient and did not push for quick results. Participatory programmes need time to develop the right methods and relationships locally. The payback comes in sustainable projects.

- **Adding the health dimension to water programmes calls for flexible and innovative approaches.**

The multi-departmental WAMMA teams work closely with primary health care services and train their own volunteers. This collaboration shows that it is possible for a government programme to undertake good quality hygiene education work even when primary health care systems are functioning poorly.

- **The approach used is not a blueprint, but is replicable given certain preconditions.**

**This is the first in a series of reports which analyses WaterAid's experience in supporting integrated water, sanitation and hygiene education projects in developing countries. Its publication coincides with the United Nations' *World Day for Water*.**

**Cover photos: Abdul Bakari (top) and Mustafa Mbughu from Kondoa District WAMMA team.**

**Photo credit: WaterAid/Sean Hudson**

**WaterAid  
Prince Consort House  
27-29 Albert Embankment  
London SE1 7UB**

**Telephone: 0171 793 4500  
Fax: 0171 793 4545**

**Charity Reg No 288701**

**Published by WaterAid, London  
March 1997  
ISBN 0 9513466 7 9  
All rights reserved.**

# **WAMMA: Empowerment in practice**

**How an evolutionary  
Government/NGO  
partnership has helped  
Tanzanian villagers to attain  
sustainable water and  
sanitation services**

## **A WaterAid Report**

**Written by Julie Jarman &  
Catherine Johnson**

**Edited by Brian Appleton**

**March 1997**

# WAMMA: Empowerment in practice

How an evolutionary Government/NGO partnership has helped Tanzanian villagers to attain sustainable water and sanitation services

## Contents

---

<b>Introduction</b>	<b>3</b>
<b>1. The WAMMA programme today</b>	<b>4</b>
District WAMMA Teams	4
Coordination and support	5
Village projects	6
Funding	8
Programme results	9
<b>2. Building the partnership</b>	<b>10</b>
The early years	10
The formative phase	11
Creating the WAMMA teams	12
Training and support	12
The bureaucratic challenge	13
Patience and flexibility	114
<b>3. Replicability issues</b>	<b>16</b>
Governments and NGOs	16
A change of pace	16
Dynamic fieldworkers	17
Coping with conflict	18
Institutionalising participation	19
Replication preconditions	20

### **Boxes and Tables**

About Dodoma	4
WAMMA structure	5
Enjoying the fruits of success	6
WAMMA progress September 1991-March 1996	8
Chronology of WaterAid's Tanzania programme	10
Assembling the right team	11
Tanzania government structure	13
'The community can work wonders ...' – Mzee Pullinga	17
Primary health care problems	18

## Introduction

During the five years up to March 1996, a collaborative partnership between the Tanzanian government and WaterAid helped a total of 86 communities in the Dodoma region of Tanzania to provide themselves with improved water supply and sanitation systems. In that same period, the villagers concerned raised the amount of money in their village water funds from nothing in 1991 to TSh24 million (UK£25,000 or US\$40,000) in 1996.

Today, the WAMMA\* programme is going from strength to strength. It has become a model of an integrated participatory approach to community water supplies. It has shown too that governments and non-governmental organisations (NGOs) can be effective partners in development programmes. Crucially, it has demonstrated the strong motivating effect which comes from *empowerment*.

The four multisectoral teams at the heart of the programme were formed principally from junior staff in three departments (Water, Health and Community Development). Most were unskilled and demotivated by low pay, poor job satisfaction and a lack of practical experience. As fieldworkers and agents for change, they have become dynamic and committed teams, respected by the villagers they work with and by the managers and directors of their departments.

The transformation has come about through empowerment. The staff have been motivated and trained on the job to work closely with villagers and help them to develop appropriate and sustainable projects. With success has come trust from above,

appreciation from the communities, and self-confidence from within the teams.

In the WAMMA programme, village priorities dictate the type and pace of water and sanitation development. Government, donor and NGO support fills technical and financial gaps and ensures that projects meet national norms and standards. Reaching this stage has required patience and flexibility. The participatory, integrated approach cannot be achieved from a rigid blueprint.

WaterAid has been working in partnership with the Tanzanian government in Dodoma Region for more than a decade. During that time, government and donor approaches to community water supply and sanitation programmes have changed substantially. Relationships involving government officers at national, regional and district level, WaterAid staff and local community representatives have progressed from cautious suspicion to mutual respect, but not without significant difficulties on the way.

Throughout the Dodoma programme, approaches have been modified in response to local conditions and attitudes. The end result is teamwork. Government staff, WaterAid and the villagers share common goals, recognise the benefits of collaboration, and build on their successes.

This case study aims to highlight those factors which give the WAMMA programme its present dynamism. The authors analyse the problems involved in moving from a top-down, directive approach to one in which development is driven by the real needs of the communities.

*\* The acronym WAMMA represents the four parties involved in the district teams which support villagers in planning and implementing water and sanitation projects: WA – WaterAid; M – Maji (the Water Department); M – Maendeleo ya Jamii (the Community Development Department); and A – Afya (the Health Department)*

# 1. The WAMMA programme today

**T**he end result of WaterAid's 10-year partnership with the Tanzanian government is an integrated water, sanitation and hygiene education programme which is progressively becoming self-sustaining. It is thought to represent one of the longest experiences to date of government/NGO cooperation in a water programme and it validates the participatory approaches and community management principles adopted by water and sanitation specialists in recent years. Before analysing the evolution of the programme, we look at how it operates today.

## District WAMMA Teams

The core of the WAMMA programme is formed by four teams of fieldworkers, covering the four main districts of Tanzania's Dodoma Region (see panel). Each team's four to six members come from the Water, Health and Community Development Departments and by design include both men and women. In all, they are responsible for some 438 villages with a combined population of more than 1.5 million.

Two of the teams were formed in 1992 and two in 1993. On-the-job training by

government and WaterAid staff has given them skills in participatory techniques and all the teams have learnt to treat villagers with respect and courtesy. Their task is to mobilise and enthuse communities and to provide them with technical guidance and awareness of health and hygiene issues. They help villagers to choose and design the most appropriate type of water and sanitation projects and to establish the organisational structures necessary to manage them.

As the main contact point between communities and government, the WAMMA teams' role is vital. Motivation of team

## ABOUT DODOMA

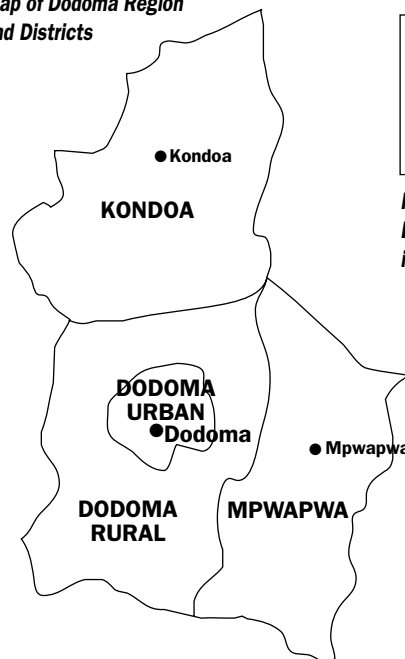
Dodoma is one of the 20 mainland regions of Tanzania. Dodoma town is the national capital, although Dar-es-Salaam is the main commercial, administrative and diplomatic centre. Dodoma is 18th of the 20 mainland regions in terms of per capita GDP and has the third highest rates of infant and under five mortality.

There are five districts, but in this case study the recently created Kongwa district is considered as part of Mpwapwa. In the 1988 census the 1.24 million population lived in:

Dodoma Urban	203,833
Dodoma Rural	353,478
Kondoa	340,554
Mpwapwa and Kongwa	339,954
<b>Total</b>	<b>1,237,819</b>

In all there are 438 villages in a region which covers 41,000km<sup>2</sup>. By 1994, the regional population had risen to 1.46 million. The people are mainly farmers and cattle keepers. There are several tribes, each with its own language, but most also speak Swahili. Most of the people depend on subsistence agriculture and in a few parts, surplus maize provides a good income.

Map of Dodoma Region and Districts



Position of Dodoma Region in Tanzania

members has been critically important and has grown steadily as they see the successful outcome of their work. Creation of the WAMMA teams has been the single most important initiative in the Dodoma programme. Time spent in motivating and training team members is repaid quickly by more effective projects.

In Dodoma, the teams have won respect from all sides. Villagers appreciate the guidance which enables them to take rational decisions about their own projects. District and regional managers devolve local planning and investment decisions to the teams, having gained confidence from the improved sustainability of recent projects.

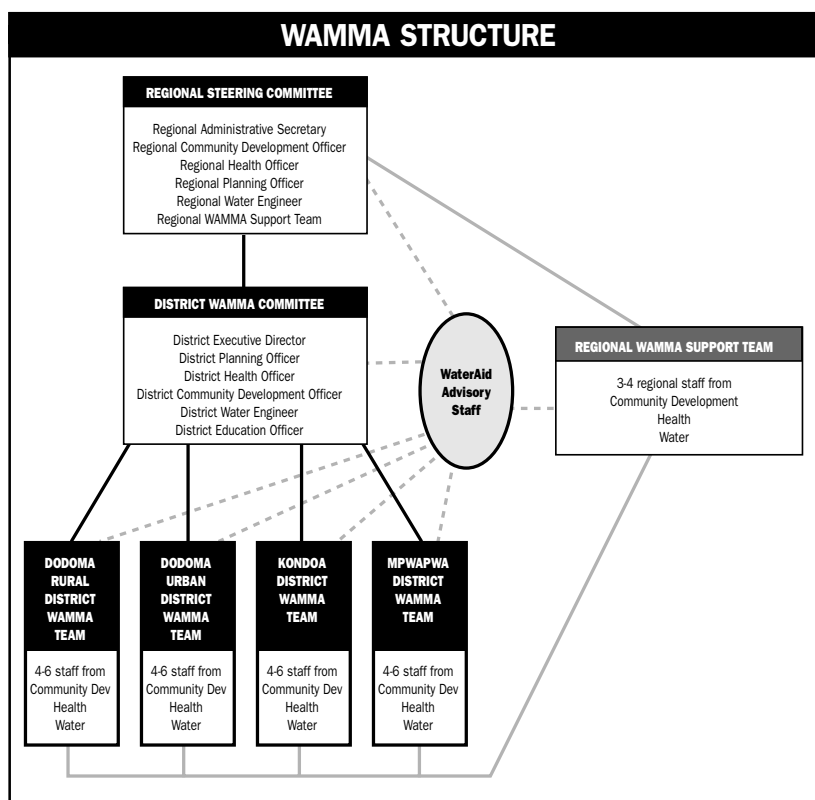
Based on their experiences, the fieldworkers have developed guidelines for implementing Tanzania's National Water Policy in Dodoma Region. The guidelines set out responsibilities of district councils and village governments, constitution and terms of reference for the village water committee, and operational rules for the village water fund.

The guidelines have been adopted as policy by the Dodoma Regional Water Department. They were commended at the 1993 annual conference of Regional Water Engineers, at which the Minister for Water and the Principal Secretary encouraged other regional staff to visit Dodoma.\*

### Coordination and support

The WAMMA structure, illustrated on the right, has been developed to function effectively in Tanzania's regional and district government framework (see page 13). Each district WAMMA team plans and reviews its work at monthly meetings. These are split into one meeting for day-to-day planning and a second with district heads of department (the team members' line managers) for discussing longer term policy.

Attendance by some department heads is irregular, but in general the district Water Engineers maintain close links with the



WAMMA teams, as they have technicians and mechanics involved in project implementation. The teams also work with outreach health workers based at health centres around their district, and with education department staff in the *Child to Child* programme. Support is two-way; the WAMMA teams have trained some of these staff in community development.

The District Executive Director chairs the monthly meetings and reports on the programme to the District Council. Finance for the water projects is placed in each district WAMMA bank account as part of the district finance system.

Interaction and information exchange among the districts, including exchange visits and six-monthly meetings, are coordinated by a regional WAMMA team. This team is intended to provide the district teams with advice and support in planning, managing and evaluating their work.

It should include members from each of the three departments (Water, Community

*\* A valuable outcome of the WAMMA programme has been the Guidelines for the Implementation of National Water Policy for Dodoma Region. Developed by the fieldworkers on the basis of their experience on village projects, the guidelines have been adopted regionally and commended nationally. A copy of the guidelines may be obtained from WaterAid on request.*



## Enjoying the fruits of success



WaterAid/Richard Bowron

*Maumuna Sanja is an active member of the Ng'omai health group.*

**W**hen the first phase of a 'pump-and-engine' water project in Ng'omai village was completed in September 1994, it made a lot of people happy. The pleasure was not confined to the women and children who had previously had to walk 8km each way to neighbouring villages and queue for two to three hours for their daily water supplies.

Their delight was shared by the district WAMMA team – motivators and advisers from the Water, Health and Community Development Departments in the Mpwapwa district of Dodoma, Tanzania, where Ng'omai village is situated. They had encouraged and guided the villagers, who formed a water committee, raised a water fund, dug trenches and constructed distribution points as part of their own leading role in the water project. The WAMMA team's satisfaction came from helping the villagers to bring their own carefully planned project to fruition.

Two years later, in September 1996, the initial feeling of success proved well founded. When the water committee discussed the project, it noted particularly how the new water system had proved so popular that demand for water had grown and extra enhancements were needed. The committee doubled the price of water from TSh 10 to TSh 20 per 20 litres (many villagers previously paid TSh 150-500 per 20 litres to water vendors). Now there is TSh 1,700,000 in the water committee's bank account and the community has set its sights on upgrading the system.

Stimulated by the WAMMA team's integrated approach, the community has also embarked on a hygiene education programme and latrine improvements. Maumuna Sanja, aged 36 with four children, is one of four Ng'omai women who have formed a health group. 'If someone is dirty now,' she says, 'it is not due to a lack of water. There is no excuse to be dirty. These people will be our target group.'

Development, Health), but has only recently had its full complement of staff. As a result, the regional team is not as well established as the district teams.

A regional WAMMA steering committee meets every quarter. Chaired by the Regional Administrative Secretary (see diagram on page 13) and attended by the regional department heads, the Regional Planning Officer, the regional WAMMA team, the district WAMMA coordinators and the WaterAid Country Representative, this meeting coordinates water provision and donor inputs and sets regional policies and budgets. Regional department heads are currently looking at the committee's role in the light of a national restructuring of the role of regional government.

District-based WaterAid staff work with the WAMMA teams on a daily basis, to help plan and implement their work and support them in the field. The region-based Health Education and Community Involvement Coordinator assists the teams in putting their community work training into practice and also works to strengthen the regional team.

WaterAid staff provide technical skills where needed, but also motivation and confidence building. They reinforce the principle of working consultatively with villagers, by working in a similar manner with the WAMMA team members.

The WAMMA teams help to define what support they require and are involved in drawing up job descriptions for new WaterAid staff. Originally, WaterAid staff were all engineers, now there is a more mixed skill background.

### **Village projects**

A typical village water project begins when a group of villagers approaches the Water Department with a request for assistance. In many cases, the village concerned will already have created a water fund of about TSh 500,000 (£500) and will be asking for



the WAMMA team to help it to plan and design the most suitable project.

In its first contact with a community, the WAMMA team meets informally with the village government, traditional and religious leaders, schoolteachers, dispensary staff and other village-based government extension staff, including voluntary village health workers. Team members then attend formal meetings with the full village government and with villagers, to explain the kind of support that is on offer and the guidelines for setting up water and health committees and managing the water fund.

The WAMMA teams work in a participatory way which respects the decision-making structures of each individual village. There are therefore no set procedures, but a common process has evolved over the years as fieldworkers have shared ideas and experiences. Comprehensive checklists help to ensure that all aspects are covered, but the lists are flexible and adaptable to suit different situations.

Once the villagers have set up their water and health committees (or had existing ones ratified), the team works with the committees and traditional village health promoters, training them in the *Utafiti wa Jamii* (literally 'community research') concept. The committees then become the formal liaison point for the village.

Their first task, which takes about a week, is the community research. This includes collection of baseline data and seeking out villagers' views and preferences for project design. Participatory methods used include map building, health walks, three pile sorting, sanitation ladders and focus group discussions.\* Where there is more than one technical option, the WAMMA team helps to explain the costs and benefits of each. From the community research, the committees develop a consensus on the most appropriate scheme for their village.

With help from the WAMMA team, the committees then prepare an initial design for



WaterAid/Julie Weston

an integrated project, covering the water supply system and key sanitation topics for hygiene education. They discuss the design with the village government, then present it to a full village meeting, along with feedback from the community research.

Once the design is agreed, responsibilities are divided and a formal contract is drawn up and signed between the village and the government. Villagers have to establish the water fund, open a bank account and make a one-off cash contribution before implementation starts. They are also expected to have committed themselves to gathering any local materials required such as rocks, gravel and sand.

The implementation phase includes constructing the water supply system, training village maintenance technicians, latrine improvement and support for hygiene education, possibly including training of voluntary village health workers (VHWs). Using the sanitation ladder, the villagers decide for themselves on the types of incremental sanitation improvements they will undertake, with the WAMMA team arranging any necessary training in the techniques to be used.

***Villagers play a leading part in the planning of their water project. Pictured above, residents of Mongoroma village map out their community as part of the process of designing their scheme.***

***\* An increasing volume of literature is becoming available on participatory techniques. Particularly helpful in the context of water and sanitation projects are:***

***Tools for Community Participation by Lyra Srinivasan, UNDP, 1990.***

***PRA Notes by IIED, 3 Endsleigh Street, London, WCIH ODD, UK.***

***Training for Transformation by A Hope, S Timmel and C Hodge, Mambo Press, 1984 (in three volumes)***

Hygiene education is carried out by the village health committee, traditional village health promoters and, in some cases, VHWs. The programme has good links with the education department and works with primary schools to implement hygiene education using the 'Child to Child' approach.

Once construction is complete, the WAMMA teams make regular follow-up visits and provide further training of the water and health committees in management, accounting, problem solving and hygiene education techniques. Initially, the team visits every month, with the frequency of visits reducing as the community becomes more confident at managing the project. Eventually, up to two-three years later, the team visits only when the village asks them to come and help sort out a particular problem.

Where a project has a diesel-driven pump and engine to raise water from a deep borehole, a district PEMS (Pump and Engine Maintenance Service) technician trains a village pump attendant. The PEMS technician makes regular visits to check that day-to-day maintenance is being carried out properly and to help with regular servicing. Oil, diesel and air filters are purchased by the water committee. The PEMS technicians have motorbikes and the cost of their fuel and

fieldwork allowances is met by an annual charge to each village with a diesel engine.

It hasn't happened yet, but the next phase will be community evaluations. These will be carried out in the same way as the initial community research. The communities will evaluate their projects against the criteria they set during the planning phase.

### Funding

Financing for WAMMA projects is divided among the beneficiaries, the government and WaterAid.

**Villagers** make a cash contribution towards capital costs. They contribute time and labour, local materials and hospitality for visiting government staff. They undertake operation and maintenance, hygiene education and service on water and health committees. All water users contribute to a water fund to cover operation and maintenance costs. Tanzania's National Water Policy is not clear on who is responsible for subsequent major capital costs, such as engine replacement. However, the village water fund does provide a mechanism for villagers at least to contribute towards such costs.

The amount of money to be contributed to a project by a village has been standardised and agreed by all the major donors working in the water sector in Dodoma. If a village borehole has been deliberately damaged, the Water Department usually insists on a substantial cash contribution towards the cost of rehabilitating it.

**The government** provides qualified staff, pledges an annual cash contribution towards the programme, and provides some transport and most of the construction equipment.

**WaterAid** funding pays for purchase of locally procured materials, vehicles and their running costs, government staff fieldwork allowances and training courses. WaterAid also procures all imported materials, equipment and

WAMMA progress September 1991 - March 1996					
<i>District</i>	<i>Mpwapwa</i>	<i>Kondoa</i>	<i>Dodoma Urban</i>	<i>Dodoma Rural</i>	<i>Total</i>
Total projects	18	34	14	20	86
Operating projects	17	25	12	18	72
Projects under construction	1	1	1	1	4
Projects not working	0	8	1	1	10
Population served	62,073	88,314	70,248	47,896	268,531
Water funds in 1991	nil	nil	nil	nil	nil
Water funds in 1994*	4,231	2,200	228	1,109	7,768
Water funds in 1996*	6,789	9,183	1,562	6,709	24,243

\* Water funds indicated in TSh '000, approximately equivalent to £1.00 or US\$

vehicles, employs suitable WaterAid staff and provides them with technical and management back-up.

### **Programme results**

Of the 86 water projects implemented between 1991 and 1996, 72 were operating satisfactorily in March 1996, four were still under construction and 10 were no longer functioning. A useful indicator of progress is the growth in the amount saved in the water funds. The table on page 8 shows a significant increase in the funds collected between 1994 and 1996, as the WAMMA teams have built up momentum.

WaterAid is cautious about the coverage figures. They represent the total populations of the project villages, but in some cases, the villages are large and have scattered populations. Not all the people are necessarily within even 1km of a water point. The programme is presently carrying out a benefit study in selected villages to find ways of working out the number of beneficiaries more realistically.

Capacity building is a major component of the WAMMA programme. At the village level, it is clear that communities have acquired skills such as community organisation, running public meetings and book-keeping. They have also gained experience in project planning and management, resulting in a visible growth in confidence in their own abilities.

The multidisciplinary WAMMA teams are considered a marked success. Members

from different departments work together effectively and enthusiastically and with a growing level of commitment and skill. The fieldworkers take many day-to-day decisions and are closely involved in programme planning, management, budgeting and policy making.

The regional Health Department now plays a more active role in rural water and sanitation projects. The programme has also stimulated debate about the role of Village Health Workers and demonstrated the 'Child to Child' approach to health education.

The attitude of senior staff has changed significantly. In the early days, support from district and regional department heads was highly variable, ranging from very keen to uncooperative. Over time, their involvement and enthusiasm has grown. Now, they have more understanding and appreciation of the participatory, community-based approach to projects and are more prepared to listen to the views of junior staff. District Water Engineers in particular now take a lot of responsibility for the planning, budgeting, administration and management of the programme.

The WAMMA programme has attracted plenty of visitors from other parts of Tanzania, and there are signs that other regions are seeing it as a potential model for the favoured integrated approach to water project planning. Donors too are showing considerable interest, though some seem to find difficulty with the need to have their own fieldworkers active on the ground at the start of a programme, with the accompanying cost implications.

## **2. Building the partnership**

**T**oday's successes in Dodoma have been hard earned. For many years in Tanzania, water was regarded as one of the basic services to be provided free of charge by government. The resulting water projects were unsustainable and left a legacy of distrust among villagers for government programmes. They also made it hard to introduce the concept of payment for dependable services. The top-down style of government bred bureaucratic managers who did not take easily to a participatory approach in which key decisions on technology choice and service levels come from the bottom up. Overcoming these inherent conflicts has been a challenge for WaterAid and for the Tanzanian officials committed to the community-based approach.

### **The early years**

WaterAid started working in Dodoma in 1984, under the auspices of the Anglican Church. From 1986, through the efforts of one Water Department officer, contacts were established with the Tanzanian government and a few joint projects were carried out. By 1989, the regional Water Department had become WaterAid's main partner.

During the 1960s and 1970s, Tanzania's *villagisation* policy had raised expectations

of free water provided by the government, even in villages with no nearby water sources. Many villages had deep boreholes equipped with pumps and diesel engines. In Dodoma, these had mainly been installed with Chinese and Swedish aid and should have been maintained by the government using central funds.

The economic downturn of the 1980s meant that government resources were stretched. Centralised operation and maintenance of rural water supplies was not sustainable and many of the pumps were inoperable when WaterAid began to work in Dodoma.

Initially, WaterAid funded purely technical work – mostly engine refurbishment, ferro-cement tanks with distribution systems and some gravity scheme rehabilitation. The work was carried out by the Water Department, with WaterAid funding and technical training. Before long, doubts crept in about the usefulness of the programme. WaterAid had a number of reservations:

- Lack of technical follow-up and training
- Lack of sanitation and hygiene education inputs with a resulting limited impact on health
- Lack of community participation leading to poor sustainability

### **CHRONOLOGY OF WATERAID'S TANZANIA PROGRAMME**

<b>1984</b>	<b>WaterAid begins work in Dodoma under auspices of Anglican Church.</b>
<b>1986</b>	<b>Contacts established with government Water Department.</b>
<b>1989</b>	<b>Water Department becomes WaterAid's main partner. WaterAid funds purely technical work.</b>
<b>1990</b>	<b>Evaluation and analysis of scope for integrated approach and community participation.</b>
<b>1991-2</b>	<b>New National Water Policy adopted. WaterAid staff increased to include engineers at district level and a regional Community Involvement and Health Education Coordinator. Survey of greatest needs.</b>
<b>1992</b>	<b>Dodoma Rural and Kondoa WAMMA teams established.</b>
<b>1993</b>	<b>Dodoma Urban and Mpwapwa WAMMA teams formed. Three-week training course on theories and tools for participatory development.</b>
<b>1994</b>	<b>WAMMA steering committee formed. Training of Trainers course held for WAMMA teams and Health Department staff. Sanitation seminar held. PEMS technicians trained and start to train village pump attendants.</b>
<b>1995</b>	<b>Formal agreement signed with Dodoma regional authorities clarifying commitments of government and WaterAid. Training on 'Child to Child' health education method.</b>
<b>1996</b>	<b>System of contracts with villages formalised. Cash contributions standardised. WaterAid starts slow withdrawal of district staff. New guidelines for National Water Policy.</b>

- Very slow progress due to a hands-off approach by WaterAid and lack of government funds for transport. Problems included poor design work, planning and project supervision by government staff.

In 1990, WaterAid took two key steps. A part-time worker was employed for six months to look for ways of involving communities more in projects and involving the health department in hygiene education and sanitation work. A major evaluation was conducted to decide whether to pull out of the project or find ways of improving it.

### The formative phase

1991 was a watershed for several reasons:

- Tanzania adopted a National Water Policy which recognised the need for an integrated approach and advocated community management.
- WaterAid staff and their government colleagues became convinced that the Dodoma programme needed to incorporate health and community development workers to improve its impact and sustainability.
- Better project selection was identified as a crying need. In the past, WaterAid had asked the Water Department to identify villages for support on the basis of the type of engineering work needed – i.e. villages needing engine rehabilitation. Social factors such as the distance people were walking to alternative water sources were not taken into account.

The initial response was to establish a regional team from the Departments of Health and Community Development. It was intended to motivate and train district-level field staff to work with the water programme. The fieldworkers would then become involved in ongoing village projects, through cross-departmental teams.

To improve project selection, WaterAid and government counterparts decided on a *Survey of Greatest Needs*. In October 1991, the WaterAid Health Education and Community Involvement Coordinator and a counterpart government health officer started to assess villages in Mpwapwa.

Discussions with local officials, religious leaders and politicians provided a list of water needy villages. The two staff visited the villages and discussed with villagers the extent of their water problems. They focused particularly on journey and collection times, possible technical solutions and the willingness of the community to undertake a self-help project.

When the survey was extended to Dodoma Rural and Kondoa districts, district staff from the Water, Health and Community Development Departments were brought in to help. This greatly improved the quality of the survey findings and made it easier to assess possible technical solutions.

The research teams prioritised all the villages surveyed according to their need, technical feasibility and willingness to participate. The survey was written up by mid-1992 and has been used since then to plan future work.

The method is currently being refined, and is evolving into a more demand-driven approach, in which the programme responds rapidly to village requests. There is also more flexibility over choice of technology.

### ASSEMBLING THE RIGHT TEAM

**WaterAid staffing has had a major influence on the programme's success. Since 1991, the staff profile has changed from all engineers to a mix of skills tailored to the needs of individual districts. Staff have been selected for their ability to work in teams and to devolve power, authority and responsibility to partner staff.**

**The staff are backed by a programme management system which facilitates decision-making in the field. Project approval is quick, so that field staff can respond speedily to villagers' enthusiasm. This has been an important element in helping to overcome the history of mistrust between the government partner and the villagers.**



WaterAid/Sean Hudson

**Wallace Daffa (left), a Kondo District PEMS technician discusses maintenance of the Rofati village engine with Petro Magingi, the village pump attendant.**

### Creating the WAMMA teams

The idea of using cross-departmental teams to achieve more integrated projects developed further during the *Survey of Greatest Needs*. District staff involved in the survey were assigned by their departments to form the first fieldwork teams.

The two regional staff allocated to the programme by the Water and Health Departments formed the basis of the support team. Unfortunately the Community Development Department was unable to provide a suitable person to join the regional team until some years later.

The name WAMMA was coined at this time, using the initial letters of the three departments and WaterAid. It was not easy to put the teams together. Some districts had few staff available and found it difficult to release people for the fieldwork. It was especially hard to meet the criterion that each team should have both male and female members, because there was a shortage of women available for active field work. Difficulties were partly overcome by stressing that technical grade staff with little formal training were acceptable to the programme.

Some WAMMA team members were from basic grades, such as water technicians, and had about seven years' primary education plus a short technical training. Others had a

longer professional training. All needed extra training for their new role. Past experience had left many villagers lacking confidence in government officials, so the WAMMA team members had to become skilled extension workers, willing to listen to villagers and gain their trust.

An interesting aspect of the early work was the influence of the WaterAid resident engineers based in the four districts. They worked closely with the WAMMA teams to help train them. Unexpectedly, the fact that they were expatriates helped to establish the credibility of the WAMMA teams in the eyes of villagers.

### Training and support

The most crucial part of the WAMMA teams' skills development was gained on the job. Though this took more time than formal training, the benefits in terms of skills, confidence building and commitment made the extra time very worthwhile. WaterAid staff and the regional support team accompanied the WAMMA team members on their field visits to help them develop communication skills and make effective use of participatory techniques.

Initially, the regional support team had an idea of the participatory style to be used in village work, but no set plans about the consultative exercises and training sessions to hold, when they should be run and in what order. These details were developed and refined by the WAMMA teams themselves during the field work over several years.

After about a year's experience of practical field work, the teams were well established. WaterAid then organised a three-week workshop on the theories and working methods of community participation, using trainers from all over Tanzania. Various participatory methodologies were used to help mould team members' attitudes towards villagers through group sessions and discussion. The workshop undoubtedly helped the teams to expand their use of

participatory methods and awareness-raising exercises when working with villagers and their water and health committees.

The success of the first training workshop led to six-monthly meetings of all the WAMMA teams and their key colleagues from district and regional government, to debate policy and implementation issues, exchange experiences and solve problems collectively.

The WAMMA teams have had a wide range of training, including a Training of Trainers course, a sanitation workshop, training in the 'Child to Child' approach to hygiene education and the production of hygiene education materials, gender sensitisation, accounts and management skills.

At first, all team members attended these meetings and all training sessions. Recently, some training has been in smaller groups, who then disseminate the information to their team colleagues.

District water technicians have also been trained in community participation and training techniques, to equip them for a fuller role involving less implementation of technical work and more training and supervising of villagers. Health staff working alongside the WAMMA teams have also been trained in participatory techniques.

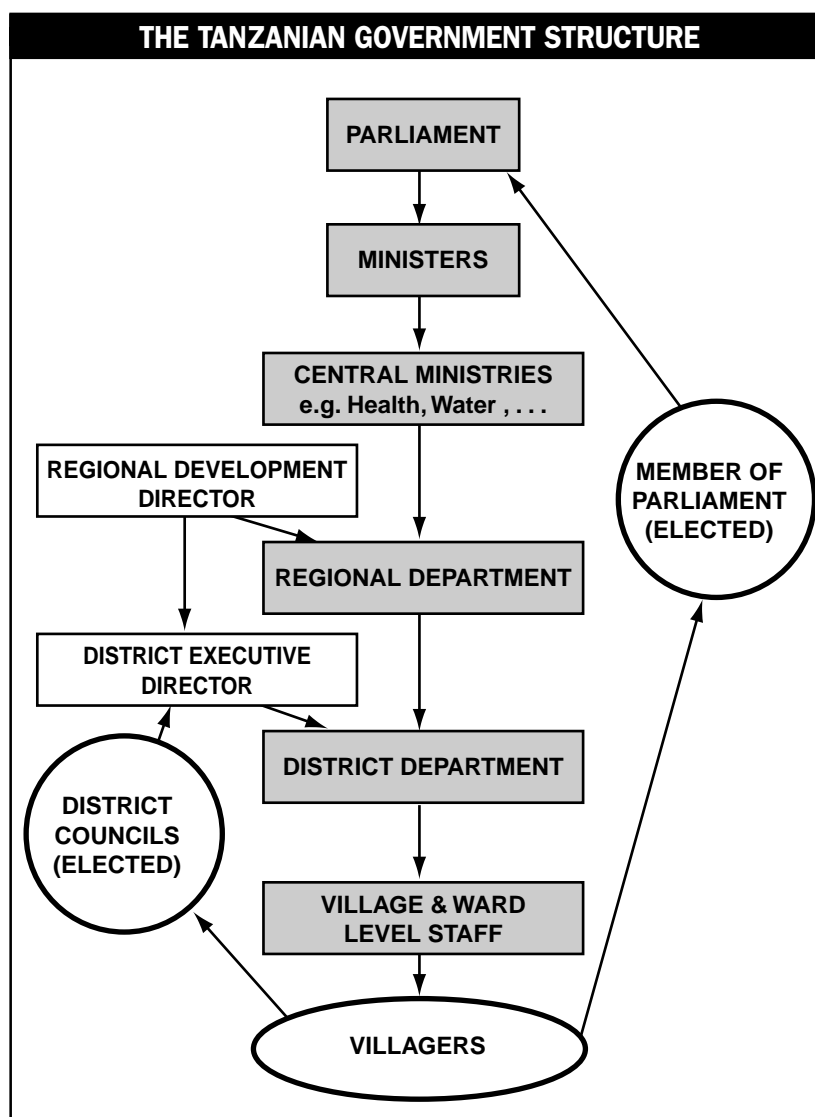
**The bureaucratic challenge**

The Tanzanian government structure (see panel) is relatively complex, with District Departments having dual accountability to District Councils and Regional Departments. The district bureaucratic structure is paralleled at regional level and government management style in general is top-down and directive.

Government staff at all levels tend to be poorly paid and have little interesting work to do. Some are consequently demotivated. Faced with serious resource constraints, the government is under continual pressure to reduce staffing levels.

The Community Development Department is less well funded and staffed than the Water and Health Departments. Because its staff are paid by local not national government, their salaries are sometimes several months in arrears. Originally intended to play a central role in Tanzania's development by offering community mobilisation skills to other departments, it actually has few links with other departments and has mainly been involved in projects which fall outside other departmental remits.

The Health Department suffers from lack of resources to implement an effective primary health care programme. It also has rigid rules relating to health education. These mean, for example, that any community health





educators should be trained according to guidelines for Village Health Workers (VHWs). The guidelines require a six-week training course following the Ministry of Health syllabus, only two VHWs per village, and VHWs to be paid in cash or kind by the communities. In practice VHWs have not received any payment from their villages, so most have either formally dropped out or stopped operating soon after their training.

For WaterAid, seeking to work in partnership with government using a community-based and integrated approach, the bureaucracy was a thorny problem. Some managers were negative about the programme and provided minimal support for staff assigned to it. That sometimes meant that the programme had to bypass difficult managers, to enable the fieldwork to progress.

The National Water Policy had created an enabling environment for the WAMMA programme. The new policy advocated radical change, moving responsibility for operation and maintenance of water schemes from the government to villages. Communities had to establish water committees and collect water funds (supplementary guidelines released in 1996 stress that villages are responsible for all operation and maintenance costs and that cost sharing is expected for capital costs).

Even with this framework, WaterAid had to tread gently and use a very flexible approach to all its activities. In fact, there was no formal agreement with the regional government about how the programme would be run until 1995. By that time, WaterAid and the WAMMA teams had begun to produce impressive results from the field and line managers were persuaded of the value of the approach and so were much keener to become associated with the programme.

### **Patience and flexibility**

Over time, the WAMMA programme has shown that it is possible to work under the bureaucratic constraints. The greatest incentive for cooperation is success.

**Fieldworkers** became committed and interested when they themselves were being empowered to take decisions and when villagers responded positively to their efforts. Playing a leading role in activities which produced visible and popular results gave the teams pride and dynamism, even when the support some received from their departments was disappointing.

One potential problem in this regard concerned the allowances paid to fieldworkers for work undertaken outside their offices. Initially, the agreement was that WaterAid and the government would each pay half of these allowances. In practice the teams did not receive the government half. Discontent was exacerbated by expectations of large allowances from donor agencies. The programme supported fieldworkers' efforts to obtain their correct allowances. In the end, the compromise solution was that from 1994 WaterAid agreed to fund the full allowances and the government increased its annual cash contribution to WaterAid to meet this cost. Payments were made at the official rate, as any higher allowances would undermine the government's capacity to sustain or replicate work without donor inputs.

**Managers** took a greater interest when they gained kudos from work being done by their field staff. In some cases, this effect was stimulated by seeking managers' presence for prestigious visits or seminars. High-level backing from ministries and politicians also helped to ensure that senior managers supported the WAMMA programme.

The reflected glory from successful projects also helped to overcome the top-down, directive approach of managers. The participatory approach was fundamental to the programme, so ideas coming from villagers and fieldworkers had to be given high priority, but managers were involved regularly in discussions about working methods, priorities and advance planning.

Conversion of the former water programme to an integrated approach has not been easy. Team building has proved effective in

overcoming initial interdepartmental mistrust and rivalry, but it is likely that there would be fewer problems on programmes established as multidisciplinary from the start.

The integrated approach clashed with the vertical structure of government departments. The WAMMA structure remains horizontal and is based on advisory relationships rather than management structures. The programme has been careful however to ensure that the work of the vertical structures is clearly seen to be carried out. Staff report fully to their line managers and fulfil their departmental responsibilities in addition to their teamwork.

The joint training programme has been an effective bridge linking the three departments. Again, a practical system has evolved. At first, enthusiasm for the integrated approach meant that all team members wanted to attend every course. Heavy workloads and resource constraints made this impractical. As trust has built up, so the teams have been able to allocate some training to specific group members.

The rigidity of Ministry of Health (MoH) rules on Village Health Workers' training has been a stumbling block. Lack of payment meant that trained VHWs soon ceased to function. The WAMMA programme therefore accepted that its health promoters should be unpaid volunteers. It could not however expect unpaid people to undertake six weeks' training followed by a heavy workload. A compromise was to run two-week training courses as a first stage of the MoH syllabus, and to train many more than two volunteers per village, so that they would have responsibility for fewer people.

The Health Department is supporting moves towards a more flexible approach in the training and employment of VHWs. A recent MoH guideline encourages the use of all



WaterAid/Caroline Penn

kinds of community-owned resource people who can be active in health promotion.

***Women of Mbabala add weight to the drilling rig being used to sink a well for a new village pump.***

In the WAMMA programme, more work is now being done by village health committees, who receive one or two days' training in workshops. Traditional healers and birth attendants are also used to convey hygiene education messages, and the 'Child to Child' method has been introduced to work through children and teachers. As a result, the programme now trains few VHWs.

It is important to recognise that flexibility and compromise is two-sided. In seeking to facilitate the introduction of a participatory approach into Dodoma's top-down bureaucracy, WaterAid has itself learned many lessons. It has also recognised that governments and NGOs can be good partners.

The Dodoma experience has shown that donors and NGOs should anticipate giving a substantial and sustained level of support to establish a participatory approach systematically through government over an entire region, not just an experimental area.

### 3. Replicability issues

**A** major benefit of a long-term programme is the lessons it can offer future similar operations. The Dodoma experience provides many such lessons in relation to government/NGO collaboration, community management of integrated water, sanitation and hygiene education programmes, the importance of empowering fieldworkers, and the effectiveness of cross-sectoral teams in helping villagers to help themselves. In this final chapter, we look at how replicable the Dodoma programme may be in other situations, and how the approaches used could be modified to bring more rapid or more sustainable results.

#### Governments and NGOs

There are powerful reasons for governments and NGOs to work together to help communities to obtain basic services.

**Governments** have national remits to provide services for their people; they can thereby achieve a level of coverage and replicability which is rarely possible through any other agency; and they can ensure that national policy, norms and standards are maintained from region to region. Governments are also best placed to provide sustained long-term support to community-based projects.

Many **NGOs** are committed to a grassroots approach and can bring experience and expertise on participatory projects; they can help government staff to work successfully in communities; and they have the flexibility to adjust their approaches and the form of support provided in a responsive way as programmes mature. NGOs are free to try out new ideas, change them if they don't work and adopt them if they do. This can be helpful on participatory projects, where community-driven decision making often brings forward innovative ideas.

The tendency has been for Northern NGOs, and increasingly bilateral donors, to work in partnership with Southern NGOs, seeing them as more closely linked to the grassroots and more flexible in adopting new working methodologies. NGO programmes are thereby separated from official government programmes and the opportunity for synergy is lost.

The Dodoma programme demonstrates that it is possible for a Northern NGO to work within the government system, and with government staff, in a participatory and empowering way. Though difficult, it is possible to support governments to implement integrated, community-based projects and to overcome both institutional resistance and the suspicion of villagers. Given the advantages of government, this option should be given more serious consideration by the donor community.

The Tanzanian government has many under-utilised resources, such as trained staff and equipment. Through the empowering process of the Dodoma programme, these resources are being used effectively to bring much-appreciated sustainable services to needy villages. At the same time, indigenous capacity is being built up which will enable the government departments to continue the momentum of the programme as WaterAid support is progressively withdrawn.

#### The pace of change

Assisting the Dodoma regional government to undertake effective community-based development work involved motivating fieldworkers and radically revising their working practices. It meant changing attitudes at many levels of the system and undoing years of mistrust between villagers and government officials. The changes took several years to achieve and demanded a slow, sensitive pace of programme development.

During the initial phases of the WAMMA programme, from 1991 onwards, both partners were patient for results and did not exert pressure to produce quantifiable outputs. WaterAid field staff emphasised the importance of training and time to develop experience. Time was needed for government staff to develop links with communities. Training was necessary to equip the fieldworkers and the villagers for their different roles and working practices.

The WAMMA teams and the *Survey of Greatest Needs* developed organically, the ideas for each step growing out of the experience of implementing previous stages. For example, WaterAid's initial idea was to form district-level teams of health and community development staff to add these specialist dimensions to the water programme. The experience of carrying out the survey led to inclusion of water department staff in the district teams.

Once those teams became established, they began to manage the entire project cycle – a much broader role than originally envisaged. This aspect of the WAMMA programme has been highly successful and certainly offers a model for future integrated programmes.

NGOs are often under pressure from their own donors to achieve visible results quickly. Bilateral donors can face similar pressures from their governments. The Dodoma experience shows the importance of resisting pressure to force the pace of work beyond the government partner's implementation capability or its capacity to learn and absorb new approaches. The participatory process can eventually involve and motivate government staff at all levels, but it requires much patience, flexibility and sensitivity from donors, NGOs and government partners.

**Dynamic fieldworkers**

Fieldworkers are the key to the success of most development projects and the WAMMA programme is no exception. The dynamism of the WAMMA teams, stemming from their



WaterAid/Caroline Penn

*Mzee Barnabas Pullinga (second from the left in this photograph of the Dodoma Rural WAMMA team visit to a project village) has experienced both the former top-down approach to village water supplies and the present participatory approach. He has no doubts which works best.*

**‘The community can work wonders ...’ – Mzee Pullinga**

**M**zee Pullinga's working life has been transformed by the WAMMA programme. 'We engineers used to design water projects in our office and keep the plans there,' he recalls. 'We thought that villagers couldn't understand such things. Now, we go to the village to do the design work and even the old ladies can draw a plan of the water project using a stick in the dust. It is a big change and a better way of working.'

**Mzee Pullinga was converted to the community management cause as early as 1988. Working then as an engineer in the Dodoma Water Department, he attended a course on Community Water Supply and Sanitation at Loughborough University's Water, Engineering and Development Centre (WEDC) in the UK. Through his work, he was also collaborating with WaterAid on their early water programme in Dodoma. When the 1991 review of that programme led to the *Survey of Greatest Needs* and the creation of the WAMMA teams, Mzee Pullinga helped to develop the approach and saw at first hand how well both fieldworkers and villagers responded to the empowerment process.**

**Today, he takes great pride in the achievements of the WAMMA teams, contrasting their enthusiasm and commitment with the former detached approach of engineers whose training and top-down management structure allowed no inputs from their target communities other than raw data on water sources and number of people to be served.**

**More than that, Mzee Pullinga is deeply impressed by the capacity of villagers to develop practical solutions to their own water problems, to plan and manage schemes which meet their needs, and to undertake tasks such as village mapping, construction of domestic water points and casting of latrine slabs, all previously thought to be the domain of water department specialists. 'I believe that the community can work wonders for their own development through their water and sanitation projects,' he says, noting with pride that the WAMMA programme is now attracting official visits from all over Tanzania and from other donors and NGOs wanting to replicate the participatory approach in their own programmes.**

new-found enthusiasm and ability, has been the driving force for many positive changes. The teams are the interface between the villages and the programme and have to deal with two formal systems: the Tanzanian government structure; and WaterAid as the donor agency.

Initially, the government fieldworkers were unskilled and demotivated due to their lack of practical experience, poor job satisfaction and very low pay. Used to the government's top-down, directive management system, they in turn behaved in a directive way with villagers. Many fieldworkers had worked hard to obtain their qualifications and positions. They felt that they had struggled to 'pull themselves up' from the village and so found

it hard to understand why they should respect the villagers. The most important factor leading to change was the programme's freedom to empower them through a close involvement in decision making.

At monthly meetings, often in the presence of their line managers, the WAMMA teams make the main input into planning, monitoring and problem-solving relating to the village projects. The teams themselves draw up annual district plans and help to decide which villages they will work in, according to the basic project criteria. They set the timescale for their work and hence the number of villages to be covered each year.

Recognising the value of their own empowerment, the fieldworkers responded by empowering the communities they work with, correcting the top-down approach they had been accustomed to adopting in the past.

Taking all these factors together, the programme has found that fieldworkers on very low pay can become committed to their motivating role and take great pride in their achievements. The learning process cannot be rushed, but its benefits do appear relatively quickly; and are sustained.

### PRIMARY HEALTH CARE PROBLEMS

**The problems experienced by the WAMMA programme in Dodoma are typical of those found in primary health care (PHC) programmes all over the developing world. Many working in the health sector agree that village health worker schemes have not worked well in practice and need radical new approaches.**

**The WAMMA programme experience underlines the importance of supporting good quality hygiene education work without being drawn into propping up crumbling government primary health care systems. Clearly integrated water, sanitation and hygiene education programmes need to work closely with whatever PHC system is in place and involve any trained village health workers.**

**At the same time, the Dodoma lessons point to recommendations that water and sanitation programmes should:**

- **focus support on water and sanitation-related hygiene issues**
- **encourage any traditional health workers, health committees and other people with influence, such as teachers, to become volunteer hygiene educators**
- **train enough volunteer hygiene educators in each village so that they are only expected to work a few hours a week**
- **encourage volunteer hygiene educators to work with their family, friends and neighbours, rather than a larger group**
- **use short participatory training for the volunteers, such as one-day workshops**
- **follow up the training with plenty of support visits and further one-day sessions**
- **consider whether to link the volunteer hygiene educators into a system which will continue to support them after the project, or accept that the hygiene education work is for a limited period, such as three years.**

### Coping with conflict

Introduction of the participatory approach can create stress and some conflict in the bureaucratic hierarchy. Whereas the WAMMA programme clearly listens to and respects the ideas of fieldworkers, some senior government managers openly say that the ideas of junior staff are unimportant and that consulting them is pointless.

Programme staff need to be aware how potentially damaging conflict between fieldworkers and managers can be and seek ways to minimise it. In Dodoma, part of the reason for conflict was that, to some extent, managers had been excluded from the WAMMA programme in the early stages. Efforts were made to incorporate their ideas where it was possible to do so without

compromising the participatory and empowering approach, but the programme would not have been free to develop in the way it did if managers had been formally involved from the beginning.

A small example illustrates the dilemma. The WAMMA programme was collecting data on latrine coverage in the villages. Health Department guidelines set very high standards for latrines, which would have meant classifying almost all latrines as 'unacceptable'. For the programme, detailed information about existing latrines was needed to help plan incremental improvements, but Health Department managers required statistics based on the government guidelines. The fieldworkers were reluctant to provide these, as such information was of no practical use.

To resolve the conflict, the fieldworkers did compile the statistics as required by the managers and were able to do so with very little extra effort using information collected for the programme's use.

Conflicts of a similar sort can arise at village level, unless fieldworkers are sensitive to established village structures. Many community development projects set their own rules, bypassing existing structures to get directly to the people and ensure their participation. The WAMMA teams also want to get the views of all villagers. However, they realise the importance of including the village government and other local leaders whose influence could easily be used to oppose or dominate projects and undermine community management.

The leaders are formally involved in each village project through meetings and workshops. At the same time, the community is encouraged to select water committee members who are not from the established power base. Water committees and village leaders receive training through the project. One benefit is that the two systems (village government and water committee) act as a check on each other to counter mismanagement or misuse of funds.

### **Institutionalising participation**

The WAMMA programme benefited from an informal approach at the beginning. It was able to concentrate on developing the WAMMA teams and largely ignore unsupportive and uninterested managers. In effect, although the fieldworkers remained accountable to their line managers, the programme was operating outside the government system.

As the programme grew and began to consider its long-term sustainability, it was apparent that staff had to be involved on the basis of their role rather than their enthusiasm. The WAMMA approach therefore had to become an integral part of the government system. With plans developing for the withdrawal of WaterAid staff as the programme becomes self-sufficient, the active support of senior managers was clearly essential for the WAMMA teams to continue their work.

It was not easy to decide when to bring the managers formally into the programme. Early involvement of uncommitted managers would have compromised the freedom to develop radically. On the other hand, too long a delay could have irrevocably alienated managers wary of the power given to junior staff, and hindered the necessary institutionalising of the programme and its long-term sustainability.

Programme staff used four indicators to judge the right time to formalise the links:

- **The fieldwork was well established:** some important components, such as promoting sanitation, were still being developed, but the core elements of the project cycle, such as participatory planning and water committee training had been thoroughly tried and tested;
- **The integrated, participatory approach had gained acceptance among government staff:** the work no longer depended on a few key committed individuals. Sufficient people

understood and supported the WAMMA approach to ensure that it could survive the loss of individual government staff (for example through transfer).

- **A sufficient level of visible outputs was being achieved in the villages:**

government managers need to ensure that their departments' work is being seen to be done. The programme found that success in the field was the best way to gain the approval of senior managers and a precursor for their active involvement.

- **Lack of support from some managers and lack of integration in the government system was blocking further programme development:** for example, future sustainability of the work depended on being able to channel WaterAid funding for village projects to the district WAMMA teams, but this would only be possible if the programme was part of the government system.

Staff at all levels in the programme discussed the issue of sustainability. The WAMMA teams emphasised that achieving sustainability would need to be a gradual process. Continued WaterAid support would be necessary for some time to ensure the programme's survival in the government system.

Following these discussions, the programme has fully integrated the WAMMA work into the government system, including its finance, management and procurement systems. Government managers are systematically informed about the work and involved in the programme, and the planned withdrawal of the WaterAid support team is slowly being put into place. This can now be done with confidence because the established credibility and achievements of the district

WAMMA teams mean that benefits are visible at all levels. Managers therefore gain substantially more by encouraging the enthusiasm of the fieldworkers than they would by curbing it.

### Replication preconditions

The WAMMA programme is an example of an international NGO successfully supporting a government partner in a participatory, integrated approach to water projects.

The experience indicates some preconditions for such a fruitful government/NGO partnership to be replicated:

- **Enabling policy climate:** Tanzania's National Water Policy explicitly permits a community-based approach to water supply
- **Available fieldworkers:** The government made fieldworkers available at district level
- **Official backing:** At least one senior government official gave the programme continuous support
- **Patience and flexibility:** Government and NGO/donor were patient and did not push for quick results
- **High priority for community development:** WaterAid gave community development a high profile and appropriate resources, including staff in its own team experienced in participatory working methods
- **Adequate donor resources:** WaterAid was willing to sustain the partnership over a long period and at an adequate level.



**WaterAid is a charity which works with communities in Africa and Asia helping people to plan, build and maintain their own safe water and sanitation systems. WaterAid provides financial support and technical advice but it is local people who undertake the construction work and continue to service and manage their new systems on completion.**

**All projects use technologies that are low in cost, practical and easy to operate. Coupled with health education, real and lasting improvements can be made to the quality of people's lives.**

**WAMMA: Empowerment in practice** is the first in a series of reports which analyse WaterAid's experience in providing integrated water, sanitation and hygiene education projects in developing countries.

This report assesses the development of a collaborative partnership between the Tanzanian government and WaterAid. Implications for policy emerge which are relevant for both the water and sanitation sector, and the wider development community.

**Key conclusions are:**

- **Government and NGOs can be effective partners**
- **Empowerment of fieldworkers makes them dynamic agents for change**
- **Motivated and empowered communities manage their own projects well**
- **Participatory approaches need to work within existing systems and structures**
- **The approach used is not a blueprint, but is replicable with certain preconditions**

**WaterAid**  
Prince Consort House  
27–29 Albert Embankment  
London SE1 7UB  
Tel: 0171 793 4500  
Fax: 0171 793 4545  
Email: [wateraid@compuserve.com](mailto:wateraid@compuserve.com)

**Charity Reg No 288701**

Julie Jarman is a community-development worker who worked for WaterAid on the Dodoma programme from 1991-94. She is currently Advocacy Manager for WaterAid. Catherine Johnson has worked in primary health care and water and sanitation. She was WaterAid's Programme Manager for East Africa from 1992-95. She is currently Desk Officer for the Britain–Nepal Medical Trust.