DEBT RESOURCE MONITORING REPORT (DRM)
CENTRAL PROVINCE EIGHT CENTRES WATER SUPPLY AND SANITATION PROJECT:
A CASE STUDY OF KAPIRI MPOSNI

November 2010
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DEBT, AID AND TRADE PROGRAMME

List of acronyms

AfDB......................................................... African development Bank
CSO.......................................................... Civil Society Organization
DRM.......................................................... Debt Resource Monitoring
FGD.......................................................... Focus Group Discussion
GRZ.......................................................... Government of the Republic of Zambia
HIPC.......................................................... Highly Indebted poor Country
JCTR.......................................................... Jesuit Centre for Theological Reflection
LgWSC..................................................... Lukanga Water and Sewerage Company
MDG.......................................................... Millennium Development Goal
MLGH......................................................... Ministry of Local Government and Housing
MDRI........................................................ Multilateral Debt Relief Initiative
NCC.......................................................... National Constitutional Conference
UNDP........................................................ United Nation Development Programme
Introduction

Water and Sanitation are a very important part of human life and dignity. Water and Sanitation is so important that it has been recognised as a human right by the United Nations and is the 10th target of Goal 7 of the Millennium Development Goals (“Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation”). Zambia is a signatory to the Millennium Declaration, in which these are stated. Under the current constitution, access to safe drinking water and basic sanitation is not a basic right as it only provides that, the government will endeavour to provide clean and safe water. Improving Water and Sanitation is cardinal in uplifting the living conditions as well as the dignity of the Zambian people, achieving the MDGs and in the development of the country as a whole.

The Zambian government through a US$36.9 million water and sanitation project financed in large part by the African Development Bank (AfDB) through a loan and grant amounting to US$33 million embarked on the Central Province Eight Centres Water Supply and Sanitation Project. The project is aimed at improving the quality and delivery of water supply and sanitation services in eight project centres in Central Province. This is in response to the poor water supply and sanitation situation and in line with Government strategy of promoting access to water and sanitation services as a means of reducing poverty and improving the quality of service delivery. The project entailed rehabilitation and extension of the existing infrastructure and commercialization of these services. This was done after a feasibility study conducted in the province in 1998 funded by the AfDB.

Debt Resource Monitoring Background

Prior to 2004 when Zambia’s external debt stood at the staggering US$7.2 billion, JCTR with other civil society organizations campaigned for the cancellation of the external debt. Debt was a burden to the country as substantial amounts of financial resources were directed towards debt servicing at the expense of social service expenditure and national development. For example, in 2003, 2004, 2005, 2006, 2007, 2008 and 2009, Zambia paid US$ 112.8 million, US$ 373.2 million, US$ 384 million, US$ 65.1 million, US$ 60 million, US$ 60 million and US$ 53.7 million respectively (MoFNP Economic Reports 2003 to 2010). Through the Jubilee Zambia campaign, the IMF, World Bank and the Paris Club agreed to have Zambia’s external debt written off. The external debt stock was thus reduced from US$7.2 billion at the end of 2004 to US$1, 859 million (MoFNP 2007 Economic report). This was a huge relief (of about 65%) as the country was given chance to:

1. Maintain the external debt stock at a sustainable level through responsible borrowing.
2. Reorganise and direct resources that would have been used to service the debt, to poverty reduction and sustainable national development.
After the debt cancellation, it was imperative that JCTR through a project of monitoring the country’s contracted debt resources (Debt Resource Monitoring); ensure that any new contracted loan resources were used in line with the developmental needs of the country; ensure that they benefitted the citizenry and also provide checks and balances on the debt stock (which according to the 2009 Economic Report stands at US$3.5 billion of which US$1.5 billion is government debt and US$2 billion is private sector government guaranteed debt) so that the country does not fall back in the debt trap. This is an effort to compliment government’s efforts to strengthen monitoring and evaluation of public expenditure. It is cardinal that other stakeholders like CSOs and the community participate in this important process so that transparency and accountability of public resources is enhanced. It is with this background that JCTR through the Debt Resource Monitoring (DRM) Project makes follow-ups on selected loan funded projects to: ensure that the contracted loans benefit the community; mobilise community participation and ownership of development processes within the communities; and through responsible borrowing campaign, help the country maintain sustainable debt level. Previous DRMs include the SEEDS tourism project in Livingstone in 2008 and the Copperbelt feeder roads project in 2009. In the latter half of 2010, JCTR followed up on water and sanitation project in the Central Province of Zambia financed by the loan/grant amounting to approximately US$33 million from the AfDB to the Zambian Government. The total cost of the project is approximately US$36.9 million with AfDB providing US$8.67 million as a grant and US$24.38 million as loan and the difference of US$3.85 million being the government’s contribution towards the project.

**Preliminary findings**

Preliminary meetings with the bank showed that US$28 million had been committed while that with the government showed that 99.38% of the loan and about 80% of the grant had been disbursed. The information also showed that the majority of the works including the setting up of a commercial utility company had been completed. At the time of commencing the study, it was found that the project was in its completion stage and as such JCTR set to go on site to measure progress against the project objectives and targets as shown below:

**Project objectives:**

1. Rehabilitation and extension of water supply systems.
2. Rehabilitation and extension of sewerage infrastructure.
3. Provision of on-sight sanitation systems in peri-urban areas.
4. Public hygiene education campaigns.
5. Establishment of Commercial Utility to manage water supply and sewerage schemes.
Project targets:
1. 273, 363 people access portable water supply.
2. Twenty four hour water supply and availability.
3. Water rationing eliminated.
4. Revenue collection improved from 61% to 90% of billed amounts.
5. Un-accounted for water reduced from 51% to 20%.

Research objectives

The overall objective of the research study was to monitor in terms of implementation and impact the Central Province Water and Sanitation project funded by the AfDB through a loan/grant to the Republic of Zambia. The study was also aimed at assessing the necessity of contracting the loan for carrying out the project in Central Province.

Specific objectives:
1. Assess the status of water and sanitation in Kapiri Mposhi district according the residents
2. Assess the progress of project implementation in relation to water supply and sewer system infrastructure.
3. Assess access of clean water and sanitation by the residents of Kapiri Mposhi.
4. Assess the impact of the Water and Sanitation Project in Kapiri Mposhi.
5. Assess community participation in the Water and Sanitation Project in Kapiri Mposhi.
6. To find out if the displaced Mushimbili community were properly compensated.

Research Rationale

After reaching the HIPC completion point and the MDRI which saw part of Zambia’s external debt cancelled and reduced from US$7.2 billion to US$1, 859 million, it became imperative that the country works at ensuring that external debt remained at a sustainable level. However, the country has continued to borrow (US$3.5 billion as of 2009) from the international community for various reasons without any legal binding framework of approval/oversight from parliament. Under the current legal provisions of the laws of Zambia cap 366, the Minister of Finance can contract loans on behalf of government. The lack of a legal framework that provides approval/oversight means prudence in loan contraction and debt sustainability relies with one individual. The country is thus likely to fall back into the debt trap if this trend continues. There has been a call by many stakeholders to improve transparency and accountability in acquiring debt
and in managing debt resources so as to avoid another debt trap as well as ensuring that the country borrows for the right reasons.

JCTR has been advocating for a constitutional reform that will enable parliament oversee and approve all loans to be contracted by the government. Though this issue has not been adopted by the NCC in the draft constitution, and was referred to a referendum, the work of the JCTR on debt has continued in various ways including the monitoring of the use of debt resources as well as advocating for greater transparency and accountability in the use of debt resources. This remains important because public resources must significantly contribute to the welfare of the citizens and to national development in general.

Water and sanitation is a very big problem in Zambia. The AfDB funded project has the potential to significantly contribute to halving the number of people without access to safe and clean drinking water and sanitation services in line with the MDGs. The project is targeted to provide adequate services to 268,255 people in Zambia. 77% of the population in the project areas according to the 1998 Living Conditions Monitoring Survey are poor and among the identified causes of their poverty is the lack of access to safe and basic and good sanitation. In Kapiri Mposhi, for example, prior to project implementation only 28% of the population had access to piped water, while 71% were using open wells. The district only had two hours of water supply. These aspects show that the loan and the projects were timely and well intended.

Research Methodology

Scope

Monitoring of the project in Kapiri Mposhi was done in May, 2010. The water and sanitation project covers eight districts in central province. Kapiri Mposhi district with a population of 30,700 was chosen as the district of study. This is because Kapiri Mposhi was one of the worst (if not the worst) affected districts in terms of access to clean and safe water and sanitation of all the districts in the province. According to information obtained from the AfDB, Kapiri Mposhi had only 28.4% piped water access with 70.9% of its population using open wells and only 0.6% using hand pumps/boreholes. Kapiri Mposhi had the highest incidence of Diarrhoea and malaria of the targeted districts. The district also had a large share in terms of resource allocation (US$ 9,278,249.03) due to the severity of water and sanitation related problems as well as the construction of a dam (Mushimbili) to provide safe water to the district.
Sampling/Data Collection

Data collection methods used for the study include; desk research, stakeholder consultation (Ministry of Local Government and Housing, AfDB, LgWSC) and site inspection. For community input, Focus Group Discussions (FGDs) and household questionnaires were used. Six FGDs were conducted in the district of Kapiri Mposhi. A total participation of 69 residents of which 35 (50.7%) were male and 34 (49.3%) were female. Households were interviewed using the household questionnaire. This was done across 5 residential areas with randomly selected participants in the district and the displaced community in Mushimbili.

Data Analysis

The study was basically qualitative and as such qualitative data analysis methods using the FGDs minutes were used to analyse the data and in writing the report.

Limitations

Though the study and all its processes were a success, a number of factors affected the smooth process of the same. These are:

- Difficulty in getting in-put from the implementing agency i.e. the Ministry of Local Government and Housing which was the key stakeholder to the Central Province Water and Sanitation Project. This created a gap between physical project monitoring and data collection from the government and this in turn delayed data analysis and report writing.
- Due to high illiteracy levels in the district of study, the FGDs and questionnaire interviews were translated into Bemba being the prominent local language. The responses also had to be translated from Bemba into English.

Contextual Overview

The primary objective of acquiring the loan from AfDB was to improve the quality and delivery of water supply and sanitation services in Central Province through rehabilitation and extension of the current water supply and sewer systems as well as commercialization of these services. This project was also in line with the African Development Bank’s ongoing sector development efforts.
Presentation of Findings

This was indeed a timely, justifiable and commendable effort by the government given the fact that water and sanitation is very cardinal in the welfare and dignity of citizens as it is a matter of “life and death”. Site check of the project in Kapiri Mposhi revealed that the rehabilitation and extension of the water supply systems had been done and the Commercial Utility (LgWSC) was operational. The status of the project for the respective sampled areas is as follows:

Tazara

In this residential area, water supply pipes have been worked on. Even though the pipes have been supplied, the main source of water still remains unprotected individual wells which were found in almost all the households. There are however, a number of households that have connected to the water supply system and therefore have access to safe and piped water.

According to the residents, improvements in the supply of water in the last five years are difficult to note as most of them were still using the unprotected wells dug in their backyards while the local market (Tazara Market) still had no water and toilets. Though the water lines have been installed for the residents to connect and access water, many have not been connected because they cannot afford the connection fee currently being charged especially that they had to settle old council bills. They also felt that they could not come out of poverty if they had no access to clean and safe drinking water.

On sanitation, it was found that the residents mainly use pit latrines which they have dug on their own. This is because use and availability of sewered toilets or septic tanks is dependant on the availability of running water in the houses. This has also increased the risk of water borne diseases such as diarrhoea due to contamination caused by proximity of the wells and the pit latrines.
Soweto

The main source of water for this township continues to be self dug wells although through the project, 4 water kiosks to provide water for the residents who cannot afford to connect water to their homes from the main water supply line have been set up. These kiosks are privately owned by individuals/companies with an agreement with LgWSC. The residents revealed that the kiosks sell the water at K50.00/20 litres even though the stipulated charge is K30.00/20 litres. This was attributed to lack of change by the visited kiosk traders.

The residents agree that the kiosks are a very good initiative and would have been very beneficial if they were not few and if some of them were not closed most of the times. During the team’s visit some kiosks visited were actually found closed as the residents had suggested. This has increased the use of unprotected wells rather than the kiosks. Most of the wells dry up during the dry season leading to people having to scramble for water at the few wells that do not dry up. The residents also complained that they are unable to connect to the water supply line as they cannot afford the K750, 000.00 being charged for connection and the cost is further increased by the long distance to the main supply line since the area is vast and was not on the plan at the time of the feasibility study. This figure is higher than the documented charge by LgWSC. According to LgWSC, the approved tariffs for connection are: K20, 000 Assessment fee; K75, 000 Security deposit and, K100, 000 labour charge for new connection and water deposit of about K120, 000 (3 months bill). This brings the total to K315, 000 with the client having to pay for the cost of materials. The cost is raised by LgWSC charging the commercial rate of 60% of the cost of materials on labour instead of a fixed domestic new connection fee of K100, 000. The complaint is evident by the fact that only a countable number of households (about 6 according to the residents) have piped water supply in their homes.

*Picture: 3. A resident drawing water from an unprotected well. Picture: 4. A closed kiosk*
The sanitation situation in the compound is very bad as the majority of the residents use self dug latrines with sacks as enclosure. Other residents disclosed that they do not have the dug latrines as they dispose off waste by digging holes in the ground and then burying the waste in the night. During the day, some resort to using pit latrines at bars and taverns. This condition is inhuman and demeans the human dignity of the people and increases the risk of outbreaks of water borne diseases. It was found that under the AfDB funded project, 12 VIP Pit latrines were under construction but were yet to be completed at the time of monitoring. Residents revealed that the project had stalled as there had been no works since December 2009. But according to the MLGH, the project works had stopped due to rains and works had since resumed after the rainy season. The ministry also indicated that the latrines were now complete. These were meant for the vulnerable groups of the communities such as widows and the aged and to serve as examples to the rest of the community so that they could do the same in individual households. This has however not been the case. The latrines were to be constructed in vulnerable households such as those headed by elderly people, widows, orphans or the physically challenged but a tour of the latrines and the discussions revealed that some of them were located at the homes of people who did not meet the criteria. The residents told the team that the latrines have brought confusion as they should have been communal rather than individualised and that they wanted the government to see them as fellow human beings.
The residents acknowledged that construction of Mushimbili dam was good investment that was meant to improve water services to all the residents of Kapiri Mposhi and not just benefit a few people. They also asked the team that the study should not just end on paper as water was a matter of life and death.

Riverside

Riverside is a relatively medium to high income residential area. The major source of water in this area is unprotected wells which are found in almost all the households. Out of a section of forty two (42) houses, only three (3) households were connected to the Lukanga Water supply line. During the dry season, the wells in the area dry up and the community resorts to drawing water from the stream. This is despite the fact that through the water and sanitation project, a water supply line was installed in the area. The use of open and unprotected wells is further worsened by proximity between the wells and the latrines which increase contamination of drinking water especially in the rainy season when floods cause water to flow between the wells and the latrines. This tends to increase incidence of water borne diseases such as diarrhoea.

Residents have not been able to connect to Lukanga water supply line as they find the cost of connecting too high. The residents complained that the current charge of K1, 200, 000.00 (a figure again outrageously higher than K315, 000 which Lukanga Water and Sewerage stipulates) is too high as they also have to bear the cost of the materials required. For example, one resident paid a total of K2, 901, 500 (including materials) to have water connected to her house for a quotation of 300 meters of which labour charge was K288, 300 while another paid a sum of K958, 800. They acknowledged that construction of Mushimbili Dam was a great project and a success but bemoaned the service as only benefiting a few people. They wondered why they should be thirsty amidst abundance of water from the dam. To the residents, the dam is yet to achieve its purpose thereby rendering it a waste.
Due to lack of water supply to the households, the majority of the residents use simple self dug latrines as there are no sewer lines that have been put in place apart from those in the old Riverside residential area.

**Kawama**

In Kawama Township, it was found that the area has three water kiosks two of which are currently not working thereby leaving only one to service the community. The two kiosks are not operational because the water pressure in the area is very low. This is despite the construction of Mushimbili dam which was meant to solve this problem. According to the residents interviewed, the low pressure is because the township is only connected to the old dam. The low pressure also denies residents who have connected to the water supply line access to clean and safe water. This has resulted in reliance on un-protected wells which dry up in the dry season thereby creating a water crisis resulting in people queuing and fighting for water where the wells are not dry.

Though this is the case, the residents feel the provision of kiosks have eased access to clean and safe water. The community also acknowledged that they were consulted on the provision and location of the kiosks and in this regard, they had suggested eight kiosks for the eight zones in the township. However, only three were provided on assumption that those that could afford connection would connect to the provided water supply line but because of high connection cost, many have not been able to connect. The community also acknowledged that the kiosks were strategically placed only that they were too few.

The sanitation situation in Kawama is very bad with the residents using pit latrines which are very close to the wells. The residents feel it is a miracle that they are few water borne diseases given the conditions they live in. This they attributed to sensitization received from NGOs on chlorination and boiling of drinking water in order to make the water safe. Construction of eight VIP latrines has begun, though a site check revealed that work on the same had halted. These were to benefit the aged, physically challenged, widows and orphans. A check on a number of the latrines revealed that while others are rightly placed, some (about three latrines) were located at households not considered to be in the vulnerable category.

**Ndeke**

The residents of Ndeke use wells, kiosks and in very few homes taps as their sources of water with the majority of the residents using unprotected dug wells. Though there are water lines laid in the compound, only a few households have been able to connect due to the high connection fee of K780, 000.00 reportedly being charged by LgWSC to the residents, a figure higher than the K315, 000 documented by the water utility company. The residents complained that they cannot afford to pay K780, 000.00 in addition to paying for the materials. Ndeke has six kiosks selling water at K30/20 Litres as recommended LgWSC. The residents say these kiosks are few. This was communicated to Lukanga which promised to set up more. The residents also acknowledged improvement in clean and safe water access in the last four years.
and attributed this improvement to the provision of the kiosks which they say are good. The only problem is that they are placed too far away from most members of the community.

The residents commended the provision of kiosks as having eased water access. This would have been much more beneficial if they were not placed too far from most members of the community.

Sanitation was found to be very poor as the residents use dug latrines. Despite the project, Ndeke had no sewer line provided and the residents have thus not seen any improvement in this area. The residents complained that even though they had proposed construction of fifty VIP Latrines, only fifteen had been started but never completed. The residents attributed the high incidence of diarrhoea, malaria and cases of cholera to the poor sanitary conditions prevailing in the area and in this vain asked the government leaders to help them build toilets especially for the aged otherwise they will die from cholera outbreaks.

**East Park**

The majority of household in this residential area are connected to the water supply line and as such, they use tap water. This was attributed to the water supply line laid in the area to provide water to the residents. The residents observed tremendous benefits such as twenty four hours water supply access and increased water pressure which has resulted in residents being able to grow vegetables, fruits and flowers through gardening. The residents have also seen a decrease in the number of people asking to draw water from their taps as most of the households are now connected.

The residents noted that if the connection fee was reduced from the current K780,000.00 (which is higher than the official Lukanga Water and Sewerage connection fee), more people would be able to enjoy the benefits of the project.

East Park had benefited from a main sewer line to which individual households could connect. Regardless of this, a great number of households had not connected as they found the cost of connecting to be very high. As such, many households were using latrines dug in their backyards.

**Mushimbili Dam displaced community**

This community is made up of families that were displaced from the land where the dam was created. Mushimbili Dam was a major part of the water and sanitation project that was meant to provide water to the residents of Kapiri Mposhi and as part of this study, a visit to the dam was made. This was to establish the progress of works on the dam as well as verifying whether or not the displaced community was adequately compensated.

Each individual who held a land certificate from the chief at the former area they occupied was given two and half hectares regardless of the size of land previously held. This has caused division of the extended
family who relied on land held by the title holder but could not follow as the allocated land was too small for them to take dependants. Keeping of livestock is no longer feasible due to the small size of land. Each family with land certificate was built a one bed roomed house with extra four iron sheets for any extra house built. This was well appreciated by the community.

Through the project, nine water pumps were built to provide safe and clean water to the community. However, a check revealed that out of the nine pumps only one was operational as the other eight stopped working as soon as they were built. The community had no Village Water and Sanitation Committee to help in the running and repair of the pumps. As an alternative to the shortage of pumps, some households have dug un-protected wells as their water source. It is thus clear that the community needs this knowledge and training so that they can service and maintain the pumps. This has been acknowledged by the Ministry of Local Government and Housing (MLGH) who indicated that plans to do so are under way.

Although, Twenty eight VIP latrines had been built for the community, seven had already collapsed while a few others were shaky and near collapsing as well. This has resulted in people being scared of using the latrines and thus using the bush as an alternative. This has resulted in high prevalence of malaria and diarrhoea in the community. According to the MLGH, the contractor has been called to extend the base/overlap of the latrines to give them more stability.

Picture: 9 An eastern side view of Mushimbili Dam. Picture: 10 A DRM team member testing one of the nine non-functional pumps
The displacement of the families from the site of the dam has had negative impact on not only their livelihood but on their way of life. Because of the reduction in the size of their land, they are unable to diversify in crop production and are unable to keep livestock. This has resulted in a threat to food security of the community as well as income from sale of crop proceeds. This is worsened by the increased distance they now have to cover to get to Kapiri Mposhi town. This is as a result of the construction of the dam which only provided a foot bridge to the other side of the dam. This means that a much longer route has to be used for transporting farming inputs such as fertilizer and farming produce to the market. This in turn has increased the cost of transporting inputs and produce. Nonetheless, they acknowledge that they have received many benefits from the construction of the dam because its now easy to find water when digging wells as the dam has raised the water table, they have water for their animals through out the year unlike the stream which used to dry up in the dry season and they have good houses built for them and the extra iron sheets which they have used to build extra shelter. They community also benefited from the project through farming inputs received such as seed and fertilizer for three farming seasons.

*Picture: 11 and 12 One of the seven collapsed VIP latrines*

*Picture: 13. The foot bridge on the dam can only be used by pedestrians and cyclists*
According to the community, they were promised a basic school, a clinic, three churches and a cooperative. At the time of the visit: the community still had no school; no clinic; two of the three churches were under construction; while a cooperative was non existent. The community thus complained that the new settlement was very far from any hospital and schools and as such children have to walk long distances to the nearest school and only return home after 21 hours walking in the thick forest and bushes. The MLGH on the other hand indicated that the only property to be constructed as compensation were; three (3) churches and a cooperative building.

According to LgWSC, a total of 23 kiosks were established in Kapiri Mposhi with one kiosk serving one thousand five hundred people and the maximum time to a kiosk should be 10 minutes. These were to be placed at locations chosen by the communities but the distribution was also affected by the lines of distribution as well as the type of distribution. The kiosks are run by vendors contracted by Lukanga Water and Sanitation. The vendors are responsible for providing water to the communities and collect 40% of the sales while 60% goes to the utility company. This makes the business venture less profitable for the vendors and as such they also sell other items and products at the kiosks.

Information from LgWSC indicates that some areas do not have water supply even after installation of supply lines because they are on high ground and as such need booster pumps and elevated tanks to ensure adequate water pressure.

The MLGH contends that the sanitation part of the project has faced challenges and that the different stakeholders are trying to find solutions to the challenges. One of the challenges has been the failure by residents to connect their households to the provided main sewer lines as most of them indicated from the FGDs that they cannot afford to do so. Both the MLGH and LgWSC indicated that they were efforts to
source for money to fund the connections and then recover the cost from the customers in instalments. MLGH has indicated that construction of the 50 latrines for the vulnerable groups has now been completed but the certificates are yet to be issued. This is out of the 100 latrines targeted by the project 50 of which are entirely financed by the project for the vulnerable groups while the remaining 50 are to be co-financed by the project and the residents.

**Discussion of findings**

Water and sanitation is a very important component of human life and in effect a matter of life and death. It is for this reason that the right to water was recognized as a “fundamental right” by the General Assembly of the United Nations. Water is an essential commodity to both life and health as lack of it can lead to death and contamination of the same can lead to outbreak and contraction of water borne diseases which can ultimately lead to death. Poor sanitation and/or the lack of it, causes the outbreak of water borne diseases as it contributes to contamination of water sources and affects the dignity of humans. It is for this reason that Civil Society Organisations (CSOs) submitted and advocated for the inclusion of Economic, Social and Cultural Rights in the Bill of Rights of the new constitution which includes; right to health, food, water and sanitation and shelter.

Water and sanitation status therefore, contributes to the status of poverty of a particular community and indeed a country and as such this sector should be prioritized especially given the fact that it is one of the targets of the MDGs under goal 7; Target 3. By 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation should be halved. 2006 statistics from UNDP MDGs Progress Report of 2008 indicate that 40% (as of 2006) of the population are without sustainable access to safe drinking water while another 36.1% are without access to improved sanitation. The 2015 targets are 24% and 13% for water and sanitation respectively. A lot more effort and commitment has to be done in order to reduce the number of people without sustainable access to safe drinking water and basic sanitation and therefore be able to meet the particular MDG target by 2015. Water and sanitation also has effect on poverty and as such it also contributes to the attainment of the MDGs on poverty. It is therefore important that Zambia addresses the problem of sustainable access to safe water and basic sanitation if it is to make real progress towards poverty eradication as well as real progress towards the MDGs.

This report therefore, starts from this background of the water and sanitation situation of the country but focuses on Kapiri Mposhi and Central Province in general. It is thus based on the rehabilitation and extension of water supply systems and sanitation so as to not only increase the number of people having access to safe water and basic sanitation but also improve the living conditions of the people in the province.

The study found that while the project was a good and very important initiative, it lacked great impact on the lives of the suffering residents of the district. This is especially true for sanitation which was found to be very poor and dehumanizing as the majority of the residents had no access to decent and basic sanitary
conditions. This is as a result of the failure by residents to connect to the provided sewer line. This is true for all except East Park where the residents had received and observed a number of benefits from the project. The study also found that the target of twenty four hours access to water was a reality to the households that had connected to the water supply system and water rationing was a thing of the past.

Despite investment through the project into water supply and construction of Mushimbili dam, the majority of the residents still have no access to safe drinking water as they still rely on the water wells. This is evidenced by the number of wells found in the residential areas where almost each household has a well and a latrine which are placed close to each other thereby increasing the chances of contamination and subsequently the incidence of water borne diseases such as diarrhoea and malaria. Works on water supply pipes have been completed, Mushimbili dam commissioned and a total of 23 kiosks constructed in the district. Most residents have not been able to connect to the water supply systems as they find the cost of connection very high. According to LgWSC, the total cost (i.e. Assessment fee, security deposit and labour charge new connection) is K315,000.00 with the client bearing the cost of materials but a check on the ground from the residents showed that Lukanga was charging from K750,000.00 to K1,500,000.00. In addition to this outrageous figure, the residents had to bear the cost of the materials needed for the connection.

This has inevitably denied the people access to safe water for which the project was meant to serve. They have continued to use open wells and water from streams. This has also left most of the residents with no hope of accessing the water supply system.

Kiosks were a good initiative appreciated by the residents, meant to provide safe water to the low income residential areas but lacked significant impact. This is because: they are inadequate in numbers; sometimes not evenly distributed; and as shown from the findings, some of them have no running water due to low pressure while others are closed most of the time. This has resulted in the majority of residents relying on wells for their water supply despite the project providing the water kiosks.

Sanitation continues to be very poor in the district as evidenced by the findings from the visited communities with the majority using dug latrines that are not only unsafe but also close to the wells that are found in almost all the households. The sanitation component of the project has thus had no impact even after completion of pipe laying. The project did not include connection of the lines to the houses and the residents have not taken up the responsibility of having their houses connected due to the high cost of connection. The project has also not done well in the provision of basic sanitation services through the VIP latrines in the district. There are only a few latrines under construction and most of which have been politicised. This has left people using unsafe latrines and the ground. This has denied the people decency and dignity in their way of living. According to information from the MLGH, the project was only mandated to provide fifty (50) latrines to vulnerable groups while the rest of the population had to contribute 10-35% of the total cost. At the time of visit, the project had stalled and this was due to the rains according to MLGH. At this pace, poverty eradication and achievement of the MDG on sanitation will remain a pipe dream.
For improved living conditions and sustainable development to be achieved, it requires that we contract loans/grants for the right reasons; contraction and implementation is done in a transparent, timely and accountable way; and that community participation is encouraged and that the objectives and targets of such projects are achieved. Monitoring and evaluation of projects is also very cardinal in revealing successes and failures as well as challenges in the implementation and achievement of the overall objective.

To achieve the set objectives, the government through the implementing agency, MLGH need to work with all the stakeholders including residents and LgWSC to ensure the gaps identified are sealed. It is clear that the project has provided the needed infrastructure i.e. the water supply lines, the sewer systems, the dams and the water kiosks to sustainably provide clean and safe water and sanitation to the citizens in the project areas. The greatest challenge that is remaining is citizen’s access to the provided safe water sources and sewer lines. A lot thus still needs to be done if the project is to have any meaningful impact on the lives of the residents of Kapiri Mposhi in as far as access to safe water and sanitation is concerned lest it becomes another “White Elephant” project.
Recommendations

- There is need for enactment of the Debt Contraction Legal Framework so that there is increased transparency, accountability and participation by all stakeholders in the contraction and utilization of debt resources. This legal framework includes parliament giving oversight/approval of all loans to be contracted by the government.

- Government through its ministries need to improve accessibility in terms of their reception and information regarding public projects so as to increase transparency and accountability.

- Government should enhance monitoring and evaluation (community evaluation in particular) of developmental projects such as the Water and Sanitation project so as to measure achievement of project objectives as well as notice challenges in achieving the intended objectives. This way, changes may be made so that the benefits are maximised.

- Government should sit with all the stakeholders in view of the project’s failure to access to clean and safe drinking water and basic sanitation of the people of Kapiri Mposhi in order to come up with solutions.

- LgWSC should clearly communicate the cost of connection with consistency and should liaise with the community on sustainable modes of payment to both the utility company and the residents if the project is to achieve its objectives.

- An evaluation of the sanitation status of the district should be carried out so as to find the best ways of improving the poor sanitation situation.

- The stakeholders should consider extending the project to include new areas and unplanned settlements.

- The stakeholders should consider training of the village water, sanitation and hygiene committees to look at maintenance and repair of the water pumps for the Mushimbili displaced community.

- The government should ensure compensation of the displaced community is complete with respect to the construction of a cooperative building.

- The government through the project should also build a vehicle passable bridge to allow access to Kapiri Mposhi town using the shortest route.

- Communication to the residents on the cost of constructing VIP latrines and assistance to be provided under the project for the families ready to contribute towards the cost of providing the facilities.
References


✓ ADB: *Project Reports*
Debt Resource Monitoring Report (DRM)

Mwansa, Sydney

Jesuit Centre for Theological Reflection


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