Accountability and Social Action in Health

A case study on solid waste management in three local authority areas of Zimbabwe

Training and Research Support Centre (TARSC) with Civic Forum on Housing (CFH)

March 2013

With support from OSF and Community of Practitioners on Accountability and Social Action in Health (COPASAH)
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This case study is based on work initiated in 2009 and reported in TARSC, CFH (2010) ‘Assessment of solid waste management in three local authority areas of Zimbabwe: Report of a community-based assessment’, Discussion paper. TARSC: Harare. The experiences documented in this case study are for

Country: Zimbabwe, southern Africa
Province: Harare (Epworth and Chitungwiza Districts) Mutare (Mutare Urban)
Led by: Training and Research Support Centre (TARSC) and Civic Forum on Housing (CFH)
Period: 2009-2011

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Cover photograph: A meeting with community members in Epworth, October 2012, on their experiences relating to the SWM process and accountability for health © TARSC 2012.

**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBR</td>
<td>Community Based Research</td>
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<tr>
<td>CBRT</td>
<td>Community Based Research and Training</td>
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<tr>
<td>CFH</td>
<td>Civic Forum on Housing</td>
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<tr>
<td>CMP</td>
<td>Community Monitoring Programme</td>
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<td>EMA</td>
<td>Environmental Management Authority</td>
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<tr>
<td>EQUINET</td>
<td>Regional Network on Equity in Health in East and Southern Africa</td>
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<tr>
<td>SWM</td>
<td>Solid Waste Management</td>
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<td>TARSC</td>
<td>Training and Research Support Centre</td>
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Summary
Solid waste management is a major challenge to most urban local authorities in Zimbabwe. Rapid urbanisation in the last decade, coupled with economic decline and social disruption, placed considerable strain on local authorities’ resources, resulting in their failure to provide adequate services to residents. By 2009, residents were discontent about waste management and the social problems created by waste dumping. To build capacity, strengthen accountability and facilitate sustainable options at the local level on solid waste management, Training and Research Support Centre (TARSC) and Civil Forum on Housing (CFH) used participatory research in 2010 to map the situation. Training and working with community-based researchers, TARSC and CFH identified actions for communities, the private sector and service organisations in three local authority areas of Zimbabwe (Chitungwiza, Epworth and Mutare). Researchers and civil society organisations met with the local authorities and industry and identified areas for follow-up action. The community-based researchers implemented civic education on social waste management and clean-up campaigns. As civil society, the researchers also engaged with local authorities and the private sector on waste recycling and reuse, monitored and raised issues with the local authority on waste disposal and used community feedback meetings to raise awareness and provide feedback and review of actions. This case study shares the evidence and experience of the research, activities and the lessons learnt by TARSC and CFH.

1. The organisational context for the work

1.1 TARSC work on participatory research and knowledge
Training and Research Support Centre (TARSC) provides training, research and support services to a range of public actors, including community-based organisations, membership-based civil society and the state. TARSC seeks to build capacities, networking and action and to strengthen community interaction and engagement with the state and the private sector on social, economic and environmental conditions and policies. While TARSC also implements a range of work on policy analysis, epidemiological and policy research, the institution uses a spectrum of approaches to organise knowledge at community level to raise societies’ voice and engagement and to support action. These approaches include participatory action research and community-based research and monitoring. In a context of significant inequalities in wealth, power and access to resources, TARSC aims to make a more direct connection between public actors and political forces that shape and build accountability on public policy, through a number of linked processes that produce and use community-level evidence and knowledge, as shown in Figure 1. This is based on the understanding that the systematic processes that produce marginalisation and inequality need to be challenged and that knowledge and evidence of conditions at community level are important for this (Loewenson et al 2011)1.

Knowledge and action are built from a range of approaches as shown in Figure 1 that are determined by context, with community-level researchers involved in all of them.

- **Community monitoring** is implemented through sentinel site surveillance. Community monitors living within sentinel sites are drawn from membership-based civil society. They gather evidence on areas of social and economic rights that civil society has defined as priorities for state policy and practice and for watching private sector practice. The monitoring covers health, education, income, employment, production, assets, gender inequality and food security.

- **Community-based research** explores issues raised by communities or civil society on services, such as waste management, primary health care, social security and urban services. The research assesses the situation and the community's and frontline workers’ views on actions to feed into discussions and negotiations on policies. The people gathering the evidence are directly involved in the dialogue and actions that follow.

- **Participatory reflection and action** is a research method to gather, organise and reflect on experience and other information and to identify actions to produce change. TARSC has led work on participatory action research with trade unions on occupational health, with communities in public health, including at regional level in EQUINET, and used participatory methods in literacy and action on youth reproductive health issues in the Auntie Stella programme and in a health literacy programme where communities and health workers interact and engage on health and health services.

- **Community photography** has been used by EQUINET in ‘Eye on equity work’ with support from TARSC to enhance communication of community-level evidence from participatory action research to local, national or regional policy dialogue. Community members from civil society are trained in photography skills.
1.2 Civic Forum on Housing engaging on housing

The Civic Forum on Housing (CFH) comprises twenty constituent organisations representing the community, finance sector, building material suppliers, technical organisations and local authorities in Zimbabwe. It was formed in 1995 and its mission is to ensure that democratic forms of urban governance are used to address housing needs and challenges faced by low income communities. TARSC has co-operated with the CFH since its inception and was one of the founders of the organization. The CFH thus takes on issues relating to housing delivery, housing policy formulation and the implementation of measures to improve shelter, particularly in low income communities. It fosters positive communication, information dissemination and problem solving within civil society groups on housing issues in Zimbabwe and builds capacity in for civil society organizations to play a more proactive role in housing delivery, strengthening the interaction between local organizations and local and central government in housing policy and delivery. The CFH seeks to ensure that community inputs on housing are effectively articulated and organized. In recent years, the CFH has also supported the work and capacity of residents associations, providing guidance on their roles and supporting them with information to support access to housing in their members. CFH has also strengthened civil society participation in integrated urban development initiatives and programmes in local authorities, including establishing local authority-civil society organization forums.

2. Urban solid waste management in Zimbabwe

Solid waste management (SWM) is one of the major challenges to most urban local authority areas in Zimbabwe. Rapid urban population growth during the last decade, coupled with economic decline and political discord, among other factors, placed considerable strain on local authorities’ resources. This resulted in the authorities’ failure to provide adequate services to their residents and areas under their jurisdiction. The relationship between local authorities, private sector and residents has been conceptualised as shown in Figure 2.

In the late 2000s, these relations were somewhat eroded. For example, waste collection by local authorities was reported in 2007 to have dropped from 80% of total waste across different local authorities in the mid-1990s to as low as 30% of total waste in some large cities and small towns in 2006 (Practical Action, 2007). Addressing these challenges calls for integrated waste management programmes that reduce the source and level of waste through domestic recycling and manage the way waste is sorted, disposed of, collected and recycled.

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Reviews of the literature and experiences in other countries showed that strategies that reduce the level of waste and recycle waste at individual or community level are more cost effective and pose less risk to the environment and public health than traditional approaches of waste disposal in landfills do. In urban areas, as population sizes increase, it is not sustainable to generate and manage the increasing volume of waste without such strategies. The public should thus be encouraged to participate in SWM programmes to improve the performance of waste management systems. At the same time, public involvement is more likely to take place when local authorities and the private sector play their role. TARSC and CFH thus initiated work to promote sustainable management of solid waste, and accountability of private sector and local authorities in solid waste management, as shown in Figure 3.

Source: Adapted from Ringold et al 2012

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Local government provides and maintains public services and infrastructure using funds generated from the local community, and grants and loans from central government. Democratically elected structures should identify the needs of the people at grassroots level and ensure the translation of those needs into social waste management, Water and sanitation, health, road and street lighting, licensing and other services. Transparency and accountability are central to decisions on services. Several laws provide the legal framework for this functioning of urban local government, particularly the Urban Councils Act (Chapter 29:15) and Urban Councils Amendment Act (Chapter 29:16). Bylaws regulate specific activities. Residents are expected to participate in urban planning, pay fair charges for their services, comply with the law and raise and ensure response to grievances on services.

3. **Initiating the work on solid waste management**

Since 2010, TARSC and CFH have worked on a public health initiative in three local authorities of Zimbabwe that aimed to
- build capacity,
- strengthen accountability and
- facilitate sustainable options at local level on solid waste management.

![Community based researchers during the training on CBR on SWM (c) TARSC 2009](image)
This case study shares the experiences of community-based researchers, community members and the two leading institutions and learning points in this process. The three local authority areas included are described in the box:

<table>
<thead>
<tr>
<th>Profile of participating sites</th>
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<tbody>
<tr>
<td><strong>Chitungwiza</strong> has a population of about 354,472 and is a city approximately 30km south of the capital city, Harare. The houses are mostly high-density, single story, detached units with small yards that are generally used for growing vegetables. Most of the people work in Harare, as there is little industry in Chitungwiza.</td>
</tr>
<tr>
<td><strong>Mutare</strong> has a population of about 188,243. It is the capital of Manicaland Province and is about 8km from the border with Mozambique. It is a mixed residential area with high and low residential areas on the eastern side of Zimbabwe.</td>
</tr>
<tr>
<td><strong>Epworth</strong> has a population of about 161,840 and is a suburb of southeastern Harare about 12km out of the Harare city centre. It is a high-density suburb populated by mainly poor residents of Harare. A large influx of people occurred during the late 1970s and early 1980s, with the population rising from 20,000 in 1980 to 35,000 in 1987 and to 114,000 by 2002. Epworth was not planned as an urban residential area, and this rapid increase in population took place on land without any water supply and sanitation facilities. Of the seven wards, only ward seven does not have running water. Most people earn income through informal small scale manufacture and vending. Epworth became the only informal settlement tolerated by government in the post-independence period because of the long history of settlement by some of the residents. The government decided to upgrade rather than demolish the settlement. A local board formed in 1986 under the Urban Councils Act, and whose members are elected by the community, is responsible for managing the area, including collection of rates and other levies (Zimstat 2012; Zimbabwe Institute 2005).</td>
</tr>
</tbody>
</table>

4. Gathering community level evidence

A community based participatory action research approach was used. Twenty two community based researchers from three local authority areas of Zimbabwe, Chitungwiza, Epworth and Mutare, participated in the work, with guidance and leadership from TARSC and the CFH. The process undertaken is shown in Figure 4 overleaf.

The community based researchers are;  
*From Epworth:* Victor Kamba, Augustine Basket, Martha Bazariyo, Philip Muzengeri, Theresa Paul,  
*From Chitungwiza:* Piniel Mahodzo, David Chamwaiita, Vimbai Tauzen,  

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Figure 4 Process for the work by TARSC and CFH on solid waste management

The background scanning and training for stage 1 has already been described.

In stage 2, community-based researchers in the three local authorities collected data from 220 households on:

i. households’ perceptions, attitudes and practices relating to management of solid waste and knowledge of local authority roles in solid waste management;

ii. community/local authority interactions and complaints handling, including perceptions on outcomes on complaints; and

iii. community and local authority priority areas to improve management of solid waste.

Most households were from high-density (low income) residential areas, with 5.8 people per household, two-thirds with secondary school qualifications and most living in detached housing. Community-based researchers were trained in research skills to collect data, how to use their data to produce reports and how to communicate and engage with their evidence. This was the capacity building element of the process in stage 1.
The findings raised issues and options from the local level for wider discussion and input to the overall process of community-based solid waste management. The box below summarises the findings:

**Findings of the survey**

While 92.2% of households reported access to a safe water source, 50% had interruptions in supplies in the past week, on average of eight days. When these breaks occurred, households reported fetching water from neighbours and unprotected wells and using stored water, increasing risks of disease. Further, while 87% of the households had access to safe sanitation, burst sewer pipes reported by 35% of households led to use of nearby public toilets or disposal of faecal waste in or outside the yard, increasing the risk of fly-borne disease. Households and local authorities reported producing high levels of food, yard, plastic and paper waste, particularly from medium density housing, and lower volumes of glass bottles, ceramics and metal tins, more in high than low density areas.

Various receptacles were used to collect solid waste in houses, mainly metal/plastic bins or plastic bags, but one-third of households put waste directly in an outside bin or pit, in open spaces, roadsides and valley/streams nearby. Only one in five households had local authority or non-government organisation support for accessing bins, with none supplied bins in Epworth. Half the households reported no waste collection during the three months prior to the survey, and most households rated poorly the reliability of municipal collection services and expressed reservations about the payments they were making given this poor quality of service.

Uncollected solid waste was disposed of in illegal dump sites on roadsides, open spaces, rivers and bridges, posing a health hazard. Low levels of waste segregation were generally reported in all sites mainly relating to the inconvenience of doing this. While three-quarters of households perceived solid waste recycling at household level as a positive way of managing solid waste, only half the households were actually recycling waste in their homes, more so in medium-density areas. There is a potential to reduce yard waste by a further 25%, for example, if households practiced recycling.

Both councilors and household respondents perceived the SWM problem as very serious, and reported high levels of willingness to participate in future solid waste management initiatives, including solid waste segregation and recycling, particularly in high-density areas, and particularly if supported by local authorities. Household respondents felt they could improve SWM by improving equipment and resources for households (bins, stand demarcation in Epworth, pits in yards) communities (roads, community bins, central waste collection sites, recycling services) and local authorities (refuse trucks, fuel, water treatment supplies). They proposed that households and communities receive information and education and be involved in clean-up campaigns, that communities form committees to monitor SWM, and that local authorities fine illegal dumping and increase interaction between health inspectors and communities. Respondents also noted that private companies illegally dumping waste need to be monitored and the practice stopped. There was consistency of views across households, councilors and environmental health technicians on priorities for action in education of residents on SWM, promotion of central waste collection points and recycling, increasing PHI visits and improving local authority resources (staff, trucks and roads) (TARSC and CFH 2012).
5. **Using community-level evidence in stakeholder engagement**

In **stage 3**, a review meeting was held in February 2010 to present the findings of the assessment to stakeholders and to get input from local authorities and private sector organisations on the interventions proposed at community level to improve the management of solid waste. The stakeholders meeting was attended by the CFH researchers from the three pilot local authorities involved in the assessment, representatives of the three local authorities, private sector companies involved in solid waste recycling, representatives of informal community organisations using waste as a resource for economic production, Delta Beverages, Ministry of Health and Child Welfare, Community Working Group on Health, Civic Forum on Housing and TARSC personnel.

The meeting proposed that local authorities and private sector companies use their resources to support community-based solid waste management companies. The proposals called for active participation and ownership from community level and coordination of actions across a range of stakeholders and institutions.

Solid waste management was thus seen as a commitment, role and responsibility of all those attending the stakeholder meeting. Among other issues, participants recognised the need for strengthening the accountability of local authorities on solid waste management and the role of community involvement in the processes. The stakeholders proposed various actions at household level, community level and local authority and private sector levels.

The proposals made at the meeting are shown in the box below:

<table>
<thead>
<tr>
<th>Proposals for strengthening accountability and community led actions on improving management of solid waste</th>
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<tr>
<td>Local authorities and private sector companies should:</td>
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<tr>
<td>• form partnerships and provide refuse bins to individual households,</td>
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<tr>
<td>• promote use of food leftovers to reduce the amount of waste produced,</td>
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</table>
• site central refuse collection points within communities and promote use of these sites,
• provide resources at central refuse collection and segregation sites, e.g. collection cages,
• fund media SWM educational campaigns (companies),
• collaborate with residents’ associations and community-based organisations on use of solid waste for economic production at community level (local authorities, companies),
• enforce bylaws relating to SWM,
• provide resources for environmental health technicians and public health inspectors to regularly visit communities to carry out their SWM-related mandate,
• encourage communities to segregate waste and collect materials for recycling, provide timetables for refuse collection, meet household representatives regularly and provide feedback on SWM issues,
• have well-defined and decentralized public relations departments and resources that make follow ups and give feedback, and
• restrain use of plastic packaging (local authorities, Retailers’ Association of Zimbabwe).

Led by trained community-based monitors, the community would: police illegal dumping; identify central areas to use for central waste segregation, recovery, composting, disposal and collection sites; encourage payment of refuse fees; spearhead education on waste segregation, recycling, recovery and safe waste disposal; promote use of central waste collection sites, formation of community-based organisations to recover and recycle waste and use it for economic production; and elect community representatives to meet regularly with local authorities and councilors to get feedback on SWM issues.

Households could be proactive in the management of waste through: use of alternative sources of bins (tins, sacks) to segregate waste; reduce the amount of waste by using leftover food through sharing recipes; practice backyard composting to reduce yard waste; collect plastic waste for recycling; participate in education on solid waste management; support formation of residents’ associations, community-based organisations and community-based monitors; dispose of residual waste legally at central disposal sites or otherwise pay for refuse collection on time.

In stage 4, implementing actions, a committee consisting of representatives from the three local authorities, private sector, CFH, TARSC and the community based researchers was constituted to steer the proposals forward.

This was not expected to be an easy follow up, given the diverse interests of the stakeholders involved. The committee convened resource planning meetings in May 2010, drawing participants from organisations including Delta Beverages, National Waste Collectors, and Ecoplastics. The committee made proposals and suggested mechanisms for providing refuse bins to
households, and for involving residents’ associations and community-based organisations and providing cages to collect tin cans and other waste for recycling.

While the private sector showed enthusiasm and willingness to participate in the programme, the process took place at a time when most companies were facing viability problems owing to the conversion from the Zimbabwe dollar economy to the multi-currency system. As a result, the private sector organisations did not fulfill their commitments. Communities, however, implemented civic education on SWM, clean-up campaigns, promoted waste recycling and reuse, monitored waste disposal and held community feedback meetings.

This work is ongoing and the case study provides an opportunity to reflect on the experiences and the learning to date, as part of stage 5 underway.

6. Community experiences on solid waste management

This section presents findings from the case study on the work implemented. The stories are based on findings from meetings with community members in Epworth, community-based researchers in Epworth, Chitungwiza and Mutare, and the reflections of TARSC and CFH.

A journalist gathered stories and photographs in interviews with the people living in the three districts. In addition, a visit to Epworth provided observational evidence and a meeting on the work of CSO researchers and community members reviewed experiences to date. Of the 24 people attending the meeting, fifteen were women and nine were men - two of the nine men were youths.

TARSC introduced the case study, outlining the background to the process, the process to date, aims of the case study and the methods used to collect evidence and how it would be used. After the introduction, all those involved gave their consent to participate in the case study, including consent for electronic voice recordings and photographs. Where participants had reservations in having their direct quotes used, this was noted.

Meeting the community based researchers in Mutare © TARSC 2012
The case study was being done at a time of political polarisation and economic hardships. The participants expressed a need for resource support for the work the civil society organisers were doing, particularly given the lack of support from the private sector.

6.1 Social action on solid waste management

The community-based research team in Chitungwiza reported a good response to the SWM process: areas cleaned up in 2009 remained relatively clean. Lewis Chitovhoro, the lead community-based researcher in Chitungwiza, noted that the team would use occasions like funerals where people died from cholera to share the importance of maintaining clean environments and the role of local authorities and communities in SWM. Lewis said that he lost a friend to cholera, a situation that drove him to work hard and to continue to engage his community in effective waste management.

There is need for more training and support to ensure success and replication in other areas. I am inspired by the levels of behaviour change as a result of this project as some people are still following the recommended practices promoted during the weekly health promotion sessions. There is little doubt that family health has been improved also as the rate of cholera infections is now low in Chitungwiza.

Lewis Chitovhoro, community-based researcher in Chitungwiza

Knowledge on use of waste as a resource within communities is low and capacity building and awareness campaigns were found to have significantly changed the community members’ mindsets relating to this. Communities place more value on initiatives that use waste when there is real and tangible financial benefit to them, particularly against a background of rising levels of urban poverty and wealth disparities.

People here do not know nor understand the value that is in solid waste. If they knew just how valuable it is then we would not have this much rubbish in our community. They need to be taught how to grade and segregate the waste into categories and also how beneficial the whole process is.

Fredson Zuze, Ward 6 development committee member

Nevertheless, there were signs of social action on SWM in Chitungwiza. In Chitungwiza, Lewis Chitovhoro noted how he had integrated the SWM process with a football academy he is running. He explained that issues on health and waste management are key to the academy and they have, as an academy, done a number of clean-up campaigns in Chitungwiza, such as cleaning up the storm water drain shown below that had clogged with solid waste.
From an illegal dump site to a car park! Transforming environments for health.

During the compilation of this case study, we visited an area that we photographed in Chitungwiza in 2009 that had an illegal dump site. We managed to find the owner this time (2012) and the area has been transformed. Below is the story of transformation. See pictures on the next page.

“I started living here in 1996 and have been doing my sewing business here. In 1996, this place was clean. As years went by, with the economic hardships garbage started piling up. There was a skip bin provided by the municipality and the frequency of its collection started to be irregular. We started using our home equipment (shovels and wheelbarrows) to manage the garbage but the amounts were excessive and we could not cope. We talked to councilors and the local authority to provide a front loader that would remove the garbage but we were frequently told that the trucks had no diesel. They then came after a long time and they only did one load and we were told that the equipment had broken down. We later realised that the equipment had not broken down but some people had paid money to have refuse removed from their areas and the loader thus would disguise a breakdown so that it could attend to those who would have paid. We pondered on the threats the garbage was posing to the people, the smell, flies and so on and we decided to have some local actions and turn the place into a car park. I talked to my neighbors, some of them are vehicle repairers and we used some of the vehicles brought for repairs to ferry the garbage. They also leveraged on their trade to ask people with trucks to lend them vehicles. We then fenced the area and that’s how the area became clean as you see it today. Some people are still throwing garbage outside the fence as you can see”
Top four images: An area in Chitungwiza in 2009 during the SWM research. Bottom four images overleaf. The same area in 2012, after community members turned the area into a car park © TARSC 2009, 2012
In Epworth, community members noted that they had for some time seen people come to their area and recover waste like plastic bottles but had not taken these actions seriously. Trainings from other partners like the European Union and the SWM process led them to realise the potential value of some of the waste.

The community members in Epworth noted that the SWM process was encouraging because they could see the results from their actions. Using their household resources, they managed to organise clean-up campaigns: the development committee mobilised the community in ward 4 to clean up the shopping centre. In June-July 2010, the committee organised wards 2, 3 and 5 and other community-based organisations and a clean-up campaign was held at the clinic area. Ward development committees implemented community feedback meetings (stages 4 and 5 in the process) and promoted using garbage pits and recycling waste. Community members received training in using organic manure in gardening. Other partners working in the area trained people in mushroom production.

In Epworth, one of the community-based researchers spearheaded a project to compost organic waste and use it as manure in a vegetable garden project.

*When the project was operating fully, we had a healthy supply of vegetables which we used to grow here. We would use the vegetables for our household nutritional requirements and sell some to get some cash as well. We had a thriving vegetable garden that was well nourished; the project fell apart due to water problems.*

*Mr Victor Kamba, Epworth community-based researcher*
Community members who were part of the gardening project concurred with Mr Victor Kamba that indeed they realised waste was a valuable resource for gardening.

In Mutare, the community-based research team said that segregation of waste was one of the things they learnt in the process. They said they had made some progress selling paper waste to a local manufacturer, Border Timbers. They also reported, however, that this had stopped because the local authority stopped supplying the plastic bags they used to separate the waste and Border Timbers closed down.

People ended up having nowhere to place the segregated waste. The community however now needs to be made aware about the effects of waste on global warming as some members resort to burning waste when it is uncollected by the responsible authorities. Community means of managing waste are commendable but at the same time pose a bigger threat, especially looking at the holes that are dug in a yard or near houses. If not properly managed, these will cause mosquitoes to breed when the rains come and eventually result in mosquitoes which then cause malaria. The government and local authorities across the country should ensure efficient refuse collection; with uncollected waste marring their homes, residents have no option but to dump the waste irresponsibly.

Idah Chatindiara, community-based researcher in Mutare

The community-based researchers in Mutare, led by chairman Alfred Mhere, said they learnt a lot from the SWM process and are still reaping rewards from the programme. The researchers noted that throughout the programme, researchers and the local authority were in continuous communication, largely because a representative from the local authority was included from the beginning (stage 2). Thus, the Mutare community-based researchers had more meetings and interactions with their local authority on solid waste management than other communities did. To further advance community-level action, Mr Mhere said there is need to embed environment programmes in livelihoods and other development programmes.
In Mutare, for instance, Mr Mhere said community-based researchers integrated the SWM process with other development work being spearheaded by external funders, such as a brick-laying programme shown below.

Using this approach, communities would mobilise around a brick-laying programme. During the course of the programme, people would earmark some time to reflect on their health and their environments and what they needed to do to make their environments safer. The community-based researchers would present evidence that they had gathered and reflect with the people on what actions they needed to take to improve SWM in their areas, such as through clean-up campaigns. Without the brick-laying programme, it would be difficult to mobilise people solely for the SWM programme. It was thus seen as key to not separate issues of health and livelihoods.

Communities faced a number of challenges in implementing their actions. However, this did not stop people from acting. For example, when they lacked equipment for the clean-up campaigns they used some of their own equipment, including wheelbarrows and hoes, to clean up their areas and then persuaded the municipal and local authority to ferry the garbage to dump sites. Sometimes situations arise in which social action reflects the social power of communities, such as having leverage over the local authority to take action.

The experiences show that such community initiatives on SWM work better when they are embedded in economic activities in which people realise waste as a resource. Doing this, whether in gardening or waste recycling, has raised new areas for engagement with local authorities. Such processes take time. Even where progress is made, reversals occur as when one of the industries buying the waste shuts down.
6.2 Social accountability on solid waste management

The waste management programme changed community members’ perceptions on SWM, a key part of the process for social action and accountability. Communities raised a number of new issues in the process. With the coming of the rains, Epworth communities noted that surface water will become contaminated, leading to contamination of ground water sources that the community relies on through their wells. Thus, water will need to be treated or boiled before consumption but the absence of power supply and ready firewood make this difficult.

In Mutare, Mr Mhere said that after the initial training of community-based researchers they formed fifteen member groups in each ward (stage 4). These groups are still operating and Mr Mhere is their coordinator. He noted that they also worked with the Environmental Management Authority (EMA), which taught the groups how to segregate waste and use organic waste for composting. Mhere said they started herbal gardens in which they used the organic compost derived from the segregated and composited organic waste.

Although knowledge was growing and communication with some local authorities had increased, the level of engagement and social accountability needed to address comprehensively solid waste management was yet to be achieved.

There is need for the city council to engage the community in various matters especially in view of the fact that few people know their rights regarding the services offered by the authority and also few even know where or how to report when there is a problem like a burst sewer pipe or uncollected garbage.

Rutendo Chasinda, community-based researcher, Mutare

While some in the community were becoming aware of the duties and responsibilities of their local authorities, some areas had not yet built up their voices loud enough to be heared to ensure accountability and improved service delivery.

There is need for the local authority to always be supportive and deliver when people need assistance on areas of sanitation, waste management, and water and service delivery in general. It is the duty of the local authority to provide these services to the people.

Alfred Mhere, Mutare-based community researcher and local committee leader

Further, when communities do not see action by local authorities they can revert to negative practices themselves. Monica Nyawo, a community-based researcher, said for instance “whenever the city council doesn’t come to collect refuse, residents dump wherever they want.”
Passive response: Residents in a low density suburb in Mutare resort to dumping waste in an open space when the city council does not collect it on time, © TARSC 2012

There is a direct link between social action and social accountability. As noted earlier, residents own social action on waste management can lever the action communities want the authorities to take. Inversely where social accountability is low, social action is weak. In Epworth, for example, many of the challenges raised related to issues that needed action by and engagement with the local authority. The area lacks a regular supply of water and lack of regular watering meant that plants were not growing vigorously, or producing abundantly, particularly with low rainfalls. As the boreholes had also dried up people were expected to buy water in cash, not possible for members of a community that house some of the poorest people in Zimbabwe.

People also raised the issue of lack of adequate space for composting sites. Due to lack of sewer systems, households rely on pit latrines and Blair toilets. Because of the low water tables in some areas, these pits are not deep enough and fill up quickly. After a pit fills up, the household abandons it and digs another pit inside the yard. The yards are not big and thus there is lack of space. Residents suggested that the local board provide central composting sites to assist with such challenges. They said they would need to take this up in the collaboration between local authorities and communities on SWM. They observed that Epworth local authority still does not have a dump site and residents dump anywhere.

Finding rubbish which includes pampers and other rubbish in front of your yard in the morning is not surprising! says one of the community members

Interactions in Mutare were reported to be better as the community-based researchers included a representative from the local authority during the initial stages of the process (evidence gathering). The community researchers said that in a polarised environment, using a strategy that involves the authorities in the work through participatory reflection
and action can improve interactions between households and local authorities and local authority support to community activities. The need to strengthen and facilitate a culture of documenting actions, results and experiences at community level, using community-based researchers, however few, was also noted to play a role in improving communication. This allowed for easier progress tracking, redesign of methodologies and overall engagement with other technical partners.

That the local authority in one area (Mutare) had been part of the process from the beginning appeared to make a difference. In Epworth the social and power imbalance was yet to be addressed and acted as a barrier in addressing SWM issues, particularly for poorer groups.

The local authority does not pay attention to our concerns, we go there to request their audience but we come back empty handed, and the community does not understand that, because they feel like we are not working hard enough or concerned enough about the problems they face. They look down upon us because we are poor and less educated.

A community-based researcher from Epworth and development committee member

When residents complain to the local authority regarding refuse which needs to be collected, it takes about two weeks for them to respond and by that time, the mound will even be bigger than before. During this time we see the truck which is supposed to be used for refuse collection being used to carry sand which will then be sold to home developers. We believe the drivers are working in cahoots with other council workers to make money out of the already desperate community.

Epworth community member

People in Epworth noted that local authority representatives would be better placed to assist if they lived in the area. As they reside in higher income areas of Harare, they were seen to not experience the problems faced by the community, and as a result are not responsive to demands for changes.

This is a key barrier in this area. However, the process of participatory research and social action had amongst other processes raised awareness of the communities’ latent power to take up these issues, collectively strengthening social accountability in health.

The community members just do not know how powerful they are if they work together to protest against the way the council is treating us and taking us for granted.

John Chakanyuka, Epworth community

A further dimension of social accountability raised was that of the private sector. While the private sector has a key role to play in the management of waste within the community, it
made limited contribution, in part due to the economic context and the limited leverage from the local authorities and government. Where they did play a role, there was positive impact.

This was noted for example in the role of Border Timbers and the waste recycling in Mutare. In Chitungwiza, a higher level of collaboration with the local business community led to better outcomes during the process.

Through the various clean-up campaigns we continue to undertake with the support of the local community and business people, we aim to empower communities so that they can manage their own health and utilise existing resources more effectively. The work is huge and government support is also required.

Lewis Chitovhoro, community-based researcher in Chitungwiza

While the private sector had made commitments at national level meetings, the private sector did not always followed through. This raises the need for more structured legal ways of ensuring private sector contribution to health, such as through tax and other contributions. It also implies that work on social accountability needs to explicitly address the role of the private sector. While the private sector is becoming more responsive to consumers in some parts of the world, communities in Zimbabwe may be seen to have low purchasing power and need much wider levels of social networking and connection to exert similar effect. Equally poorly resourced local authorities in a liberalised environment may not themselves use their regulatory or institutional authority to ensure accountability from large private companies. Further work needs to develop approaches and experience in building accountability from private sector actors as a key part of work on social accountability.

7. Concluding reflections

This case study shows the potential for communities to strengthen social awareness and action in health, the leverage role this can play in social accountability and the importance of responsiveness of authorities in sustaining social action in health. An area like solid waste management raises rights and obligations of communities, and duties of private actors and local authorities. In all three areas it was evident that even poor communities were motivated by information, showing leadership and taking social action on solid waste management. Social action was more likely when it was embedded within activities that yielded economic gain. However, such action was vulnerable to the wider economic instability, such as when a company buying collected waste closed. The role of local authorities and their responsiveness to communities was equally important in sustaining social action, particularly as measures demanded transport services, water, communal waste measures, and legal enforcement of private actors. Communities were aware of their rights in all three areas. However, where the local authority was involved in evidence gathering and work from the inception, the authority took responsibility for the work, providing trucks for clean-up campaigns or supporting training or waste segregation activities. Where the local authority did not live in the area and where there were high social and power imbalances, the participatory research and social action enhanced community awareness of collective power but were not able to transform the power dynamics.
The work also shows that some social and economic processes advance and reverse, and others take time! This case study is written at a point in time and makes it difficult to judge outcomes. However, it does appear that capacity building, information exchange, participatory research and social networking promote and strengthen the social cohesion and inclusion necessary for social action and accountability. It may not challenge deeply rooted power dynamics that affect environments for health in low-income communities without other inputs, such as involvement of strategic actors and intermediaries within local government, business or society, or resources to sustain new economic activities that integrate health, environment and livelihoods. There was evidence of processes that build such contributions, such as the dialogue built in Chitungwiza, where community-based researchers led communities in engaging with the Environmental Health Director through feedback meetings and through grievances handling procedures, or the more direct involvement of local authority actors in the research in Mutare.

The work highlights that there is more likely to be a positive and reinforcing relationship between social action and social accountability in health when interventions are participatory, evidence-based and sustained, when they involve multiple actors, and are able to draw in resources to facilitate good practice. Finally this work highlights the need to explore the methods for poor communities and poorly resourced local authorities in a liberal environment to build accountability from private sector actors as a key part of the work on social accountability.