

Common Unity in Community

Huge efforts are being made by many development organisations to provide facilities to improve access to water to the 780 million who do not have safe water to drink.

However the technology, the 'hardware' component, is easier to achieve than the 'software', the mobilisation of the community. A water supply is only as efficient as the people that use it. It is, in fact, easier to supply clean water than to get people to look after their water so it does not get contaminated before they drink it. Behaviour change is one of the most challenging of hurdles in the march of progress. We can get a man to the moon, but still 2.5 billion people on earth do not defecate in dignity.

Many project planners in the WASH Sector, take for granted the idea of a 'community'. But what is a 'community' exactly? The word comes from two words 'common' and 'unity'. However, in the light of so much disappointing response from the 'community', it must be asked 'Is there always a 'common-unity' in rural communities?' In this article we re-examine the *concept* of 'community', and why we need to have a strong community before we can succeed in making progress in development sustainable.

People living in the 'developed world', often have a romantic image about people living in rural areas. Compared to our nuclear families in the industrialized West, we sometimes assume the extended families all help each other. In reality, when you look closer at rural 'communities', households in the same village are far from co-ordinated. When the 'community' (i.e. households from the same area) do get together, it tends to be for funerals or emergency handouts. Do men and women in a rural community have a common vision? Do the young share the dreams of the older generation? Not at all.

If you read the novels by Thomas Hardy, describing the industrialisation in 19th century England, you will recognise a similar dynamic to modern Africa, at a time when the continent is fast becoming urbanised. Farmers in Africa are coming to towns in droves to escape the tedium, the poverty, and the drudgery of the rural areas, especially as

farming becomes more difficult with the desertification of much of their land. Illiterate peasant wives are left to scratch a living on the land, whilst their husbands seek employment in the towns, often only returning once a year. There is a brain drain from the rural areas and an intellectual starvation of those left on the land.

If we want our community projects to succeed, we should not take it for granted that rural communities are fully functional. 'Communities' which are not properly coordinated and lack informed leadership may not embrace projects foisted on them by external agencies. The 'beneficiaries' need full understanding as to why they should change. If we want our projects to work, we have make sure that a community has common-unity. To do this we have to find a way to empower people so that they share common knowledge, understanding and will be able to change as a group. If not there will always be local spoilers who undermine the best efforts of the development practitioners. Before we even start with our project, we must take time to build '*social capital*', the invisible glue of trust and reciprocity that makes neighbours in a community co-operate and thrive.

How do we do this? If we want to change a community we should use more *social psychology* in our efforts. It is a waste of resources to just provide what is lacking (e.g. a handpump), without fixing the cause of the breakdown. We need to understand why a household is not, for example, protecting it's own drinking water. There are things that every householder can do for himself to protect their water source. We need to be sure that the 'community' values clean water before we install a new handpump. If the 'community' are operating from an uninformed perspective, i.e don't know why they should protect water, we need not only to provide information, but also enable them to understand, so that they change their core *values*. What we believe, is what we value, and this dictates how we behave. So instead of asking people to change, we should get them to understand *why* they should change. Knowledge is necessary but not sufficient. To ensure knowledge results in action we need positive peer pressure to get *group*

consensus. We believe public health, especially in rural areas, can be best achieved through *group* action. If the group, as a whole adopts the *idea*, this will automatically result in the *behaviour* changing in the whole village resulting in a '*Culture of cleanliness*'. It may take longer to achieve this group 'buy-in' but in the end, if achieved, it will result in more sustainable development.

In the past many community projects have failed because the planners approach the beneficiaries *individually*. The Africa AHEAD approach is to help individuals become a functional *group*. Using this group appeal we can be sure that within a year, there will be a high level of behaviour change. Why? - Because people are social animals, and like all herds we can be directed to change as a group.

Our idea (Waterkeyn, 2010. 137-149) was to start a Community Health Club (CHC) in every village with a member from every home who get together weekly for at least six months so as to provide a regular platform for discussion. The weekly health sessions on a variety of topics, enable the villagers to problem-solve together through participatory activities which are fun and sociable. Change is a process and the more conservative the society, the more time is needed to consider all the implications of changing their habits. Constant reinforcement is needed so that all individuals feel confident to make the changes that are recommended.

The facilitator at the weekly sessions is well-respected woman selected by the village who is trained to guide the activities and ensure that everyone participates in the discussion. They share their own experiences with their peers and then decide what action to take as a group. Together they monitor how each household is improving and assist each other to upgrade their homes. The repeated interaction give neighbours time to build up trust in each other. 'Common unity' is being built as they share the same vision. This is real '*community participation*'. Because the change comes from within, the *core values* have been changed. The embracing of good hygiene is a conversion from

the old way to the new. Health club members accept a new set of *values* which they consider to be progressive i.e. they adopt a *culture* of healthy living, a more healthy lifestyle.

As societies change from the Agrarian to an Industrialised model of social organisation, the benefits of a well-knit community, is often left behind. Educated people become more self-sufficient and interdependency is redundant. To elevate underdeveloped communities we need a mechanism to bring back the values that sustain co-operative effort – Community Health Clubs are that mechanism.

The reason the Community Health Club model works so well in Africa, is because this group approach is aligned with traditional cultural values known as '*Ubuntu*' which are common throughout the continent. Instead of 'every man for himself', Ubuntu recognises that we are all of one body, and whatever affects one person affects the group.

Archbishop Desmond Tutu could have been describing the effect of a Community Health Club when he explained Ubuntu as follows:

'A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole.'

When we asked the CHC members what was the difference between themselves and non health club members. They answered,

'There is a lot of jealousy and quarrelling between non-members, but CHC members are always busy, we are always doing something productive, improving our homes and our hygiene.'

A Community Health Club enables the poor to become '*dignified agents of their own development*' as advocated by Pope Francis (United Nations General Assembly, 2015),

providing *positive reinforcement* to individuals so that *group consensus* is achieved.

One rural woman on her own is often powerless, but a group of women are unstoppable.

Belonging to a club enables a women to get on the first rung of the ladder out of poverty.

Reference:

Waterkeyn. J. (2010) Hygiene Behaviour Change through the Community Health Club Approach: a cost-effective strategy to achieve the Millennium Development Goals for improved sanitation in Africa. Lambert Academic Publishing.

For more information: www.africaahead.com

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