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| Danish organisation | Architects Without Borders Denmark (AWB) |
| Title of the intervention | Improving sanitation and building organisational capacity in Kinawataka |
| Partner name(s) | ACTogether Uganda (ACT), National Slum Dweller’s Federation of Uganda (NSDFU) |
| Amount applied for | 498.190 dkk |
| Country(ies) | Uganda |
| Period (# of months) | 18 |

1. Objective and relevance (the world around us)

* 1. What is the main purpose with the intervention, including challenges that need to be addressed?

*Main purpose: reducing poverty by improving health*

The intervention has both a short- and long-term purpose. In the short term, it aims to reduce poverty by improving health in the informal settlement *Kinawataka* in Kampala, Uganda. It does so through a participatory, community-building effort that will provide an alternative to shared pit latrines, which pose risks to health and environment. In the long term it builds an organisational foundation for a future project that will address the settlement’s lack of land rights, with the aim of achieving tenure security and investments in basic infrastructure critical to the resident’s health.

The intervention begins by addressing the issues of water and sanitation as pillars of a healthy urban environment. The joint construction of a communal bio-centre facility that delivers water, sanitation and other services, will be our entry point into the community, allowing us to build collaboration, trust and organisational capacity to manage the facility. Once a managing organisation is established and the bio-centre is operational, we will help support the formation of a housing cooperative that can enable the community to address more fundamental issues related to the settlement’s informal status, which is the root cause of its lack of basic sanitary infrastructure, without which the resident’s health remain at risk.

The intervention’s activities are divided in three phases:

1. Mobilising phase, where we raise awareness towards the issues of health and sanitation through a local sensitization campaign. During this phase we will help establish a biocentre-operating organisation, based on existing, local members of the National Slum Dwellers Federation of Uganda (NSDFU).

2. Wat-San phase, where we involve the community in the design and construction of a bio-centre that will deliver much-needed sanitary improvements and a community space. A bio-centre is a stand-alone sanitary facility developed in Kenya, designed for informal settlements without sewerage[[1]](#footnote-1). Building a bio-centre is a strategic service delivery aimed at generating local participation in the creation of a concrete, tangible outcome that will immediately improve the sanitary conditions for nearby households. The bio-centre also produces a combustible and odour-free bio-gas, which can be piped to nearby recipients, e.g., schools, markets or other users. They can thereby save costs for charcoal and reduce charcoal-use.

3. Advocacy-phase, where we support the establishment of a housing-cooperative and set up a dialogue forum with Kampala municipality and other relevant authorities. With the newly built bio-centre, increased local engagement and a cooperative organisation as foundation, the community will be more capable of addressing fundamental issues regarding the settlement’s future, its lack of basic infrastructure and how to achieve formalisation and land rights. See part 3.4 strategy for more on this.

In its entirety, the intervention will pilot a new approach in a Ugandan context, on how to deliver sanitation and water in slums, while simultaneously strengthening the community’s collaborative ability and pave the way for a long-term engagement in the settlement’s future, where root causes of the settlement’s problems can be addressed. The intervention is also designed to generate dialogue with the authorities regarding sanitation, as it tests a viable alternative to pit latrines. This coincides with municipal efforts to phase out pit latrine usage in informal settlements and its stated interests in reducing slums through participatory methods. See chapter 1.4, climate, for more on this. The choice of intervention order and strategy is based on the partner’s previous collaboration and experience. See relevant chapters 2.2 and 3.4.

***Challenges that need to be addressed:***

1. The central challenge is the poor health in the community which is closely linked to its informal status, as described under 1.2 context. Our feasibility study in the community points to a certain awareness of the relation between shared pit latrines and health risks, but also that this link can be established more clearly and drive engagement in the intervention.
2. Organisational challenges: Kinawataka community has little organisational capacity and lacks ability to collectively address issues critical to the settlement’s health and future development. Establishing and maintaining an organisation at settlement level capable of sustained dialogue with the authorities around issues fundamental to the community’s health, requires a substantial investment in voluntary time and resources. Without a clear and tangible goal, chances are small that it will be prioritized among poor residents where many live from day to day.

We address this challenge through our “tangible first” approach, aimed at generating collaboration, trust, and a sense of ownership and possibility, by first building something important together. We therefore invite the community to participate in the design and construction of a bio-centre, that provides a highly visible and tangible output that will immediately benefit the community. Importantly, the construction activity has a strong learning component and offer both jobs and skill building opportunities for the involved residents, and increases the local partner’s technical capabilities.

1. Lack of dialogue and coordination between Kinawataka community and municipal authorities. This is linked to the lack of local advocacy skills and ability to establish and maintain dialogue, and lack of interest and resources from Kampala Capital City Authority[[2]](#footnote-2) (KCCA) in the development of Kinawataka.

We will address this challenge by involving KCCA as participant and stakeholder in the project, in order to include municipal and urban planning perspectives from the outset. During the project preparation, we have been in dialogue with KCCA who is motivated to participate, as the project addresses and tests an innovative solution to the known issues of pit latrines, poor health in slums and protection of sensitive wetlands. Early KCCA involvement is important in order to further dialogue and negotiations around infrastructure investments, and later on the legal-, financial- and urban planning-aspects of land rights. Annex 1: [**KCCA endorsement** link here](https://drive.google.com/file/d/10OqMcDRNq7YzitTmvxkkiPG9QbSawZHG/view?usp=sharing).

1. Financial challenges are two-fold: The absence of public investments, largely due to the settlement’s informal status, means that any improvements must be made on an individual basis or through NGO-interventions, with limited impact on the community’s structural problems. Secondly that the resident’s low income, mainly from informal sector employment, means that they have little ability to affect meaningful changes in their urban environment.

The intervention is not an extension of a previous intervention.

**1.2: Describe the context of the intervention.**

The intervention takes place in the informal settlement Kinawataka, centrally located in Kampala, Uganda[[3]](#footnote-3). The settlement has around 1.200 households and covers 1.2 km2. Kinawataka is located on municipal land, and its residents include house owners, tenants and sub-tenants, though they all live in houses without building permit in a fundamentally illegal setup. The lack of legality means that the residents can be evicted without compensation if the land owner, KCCA, decide to sell the land or use it for urban development. Like most of the 60+ informal settlements in Kampala, Kinawataka is characterized by poor building quality, overcrowding, and lack of sanitation and other critical infrastructure.

Context of lacking infrastructure and services:

Kinawataka is unplanned and lacks basic infrastructure such as streets, water, electricity and sewerage. Water and electricity are extended to the settlement but requires individual payment for household connections, which most cannot afford. The few owners of private water taps often serve nearby residents with water at marked-up prices. Unaffordable water makes residents collect water from local wells, which is often polluted and leads to illness, partly due to the density of pit latrines in the settlement.

The community has no sanitary infrastructure, meaning that residents use pit latrines, often shared among several households. When full they are either emptied, if the users can afford it, or just covered and the contents left to seep into the ground. The use of pit latrines poses a serious health risk to the community, since the contents often overflow during the two rainy seasons, or seep into the ground and ground water, with the possibility of pathogens transmitting to water in local wells. The high density increases this risk.

Lack of streets and stormwater drains makes the settlement exceedingly muddy in the rainy season, with erosion of paths and buildings. Overcrowding in small homes increases exposure to communicable diseases, including Covid-19. The living conditions in Kinawataka is comparable to most informal settlements, where high densities and lack of basic services has serious negative implications on health and well-being. Poor health, caused or reinforced by a poor urban environment, is part of what traps slum dwellers in poverty.

Context of informality and lack of rights:

From a legal perspective, Kinawataka is an unauthorized encroachment onto public land. As the settlement grows denser and no formal plot boundaries exist, residents encroach on street space with walls or buildings. The loss of public space and associated social functions also decrease social cohesion, as it limits opportunities for socialising, play and trade.

Since informal property cannot be used as mortgage, slum dwellers also lack access to financial services. This prevents the residents from using their property as collateral for obtaining loans, and as resource for investments e.g., in small scale businesses, effectively making their property “dead capital”[[4]](#footnote-4). Consequently, lack of formal ownership to land and housing is part of what limits the urban poor population from overcoming poverty, e.g., by investing in household improvements and access to water and sanitation.

Lack of tenure security means risk of forced evictions, which can be brutal and cause death, loss of property and lead to homelessness. Forced evictions is a tool frequently wielded by government agencies or influential private entities seeking to develop the slum areas for other segments in society, using the slum's illegal status and poor living conditions as justification for seizing the land. For the slum dwellers, the perpetual uncertainty associated with their informal status gives little motivation to improve their homes beyond the absolute minimum, even though some may afford small scale investments in better homes.

A root cause of these issues is the lack of legal rights to the land that slum dwellers occupy. Accordingly, formalization of land ownership is a legal remedy which is known to shift the approach of the authorities, since formalization comes with a set of legal property rights and includes the settlement in the map of neighbourhoods in need of basic services.

**Fragile/not fragile context:**

The project takes place in Uganda, mostly seen as non-fragile country, and in a non-conflicting context. Yet due to the context of an informal settlement, the intervention includes notable patterns of fragility:

*Political fragility:* residents in informal settlements are inherently living in a politically fragile context, if – as in Kinawataka – they live on inner city high-value land, which is often targeted by real estate developers and their political allies. Shifting political priorities may suddenly place the residents at great risk of eviction. The large numbers of annual forced evictions in slums across the developing world bear witness to the marginalisation and existential threats that lack of land- and housing rights pose to the urban poor.

*Social fragility:* the risk of eviction combined with poor living conditions places a high amount of stress on slum residents, which leads to a variety of negative social consequences. This includes stigmatization to a degree that inhibits their options for e.g., formal employment, opening bank accounts, finding a partner outside their own settlement and in other ways traps them in poverty and marginalisation. Drug and alcohol abuse and high exposure to violence and crime are among the consequences of life in slums.

*Economic fragility:* The residents in Kinawataka are mostly self-employed or work in the informal sector. They generate meagre incomes and generally have little or no savings. Consequently, they are highly vulnerable to events which can affect their income or expenses, such as poor health, disease and loss of working ability, climatic shocks and rising food prices or fluctuations in the job market with risks of income loss, such as the Covid-19 situation, or evictions.

*Climate and environmental fragility:* people living in slums, often on marginal lands and in poorly constructed homes, are more vulnerable to climatic events such as floods, draughts and hurricanes. They are less able to absorb shocks and disturbances from such events than citizens with formal jobs, living in solid houses and with access to financial buffers through banking and other services. In particular, the use of pit latrines combined with water sourced at local wells pose a health risk in dense urban environments.

A 2019 world bank report[[5]](#footnote-5) highlights that those without secure land tenure were not only the most exposed to climate risks, for example being in areas at risk of flooding, storm surge, landslides, drought etc., but they were also identified as being the most sensitive to climate impacts. Furthermore, insecure tenure constrains adaptive capacity; this is a consequence of being disconnected from formal governance processes, lacking the knowledge and information for informed decision-making, and having restricted access to finance for implementing resilience-enhancing actions. The report’s central message is that insecure land tenure exacerbates vulnerability to natural and climate-related hazards.

*Security/safety fragility:* slum residents also fare worse on these parameters, due to the context of poverty, poorly constructed homes, poorly lit streets with disproportionately higher crime incidences, lack of policing and general lack of critical infrastructure that is necessary for a safe urban environment. Women in particular is known to be negatively affected by such conditions, either from increased risks of assault and abuse, or by the confinement to small, overcrowded homes in the absence of a safe outdoor environment.

**1.3: Describe how the intervention will strengthen civil society organising.**

Kinawataka’s fragmented civil society will be strengthened by the opportunity to rally around a common good, which is the improvement of health in the community through the construction of a bio-centre, and later by participating in organised dialogue with municipal actors regarding the settlement’s future.

The intervention works with three target groups: A, B and C, consisting of local residents in varying distance of the bio-centre and thus with varying likeliness to use the centre’s facilities and become involved in its operation. Group A lives within the immediate catchment area of a 200–400-meter radius of the bio-centre, group B are those among group A who decide to become members of the bio-centre organisation and group C are residents living within a wider catchment area of 3-400 meter, who are regular users of the facility despite the longer distance.

Target-group A-residents will be invited to join a bio-centre cooperative, with existing local NSDFU members as backbone. The bio-centre coop members will participate in the design and construction of the bio-centre, and receive member-benefits such as reduced payment and priority-access to the bio-centre’s community space. Members will receive training in bio-centre operation and can access the jobs that will be created from its use. The bio-centre will be a highly visible focal point, potentially serving the community with additional qualities, such as mobile phone charging, covid-19 protection equipment distribution and more.

Evidence from Nairobi shows that the combination of a bio-centre + a managing organisation can play an important role in the community. The bio-centre will thus be an important step forward in the community as it will represent a joint effort to upgrade health conditions for many residents. The bio-centre will lend dignity, meaningfulness and income opportunities to those involved in the managing organisation.

**1.4 What climate- and environmental conditions does the partnership/intervention need to respond to?**

Kinawataka sits next to the ecologically sensitive Kinawataka Wetlands, part of a larger riverine system that flows into Lake Victoria from where the general water supply to Kampala is sourced. Kinawataka wetland is one of eight Kampala wetlands that are under growing pressure from urban development and industries and declined from covering an area of 18% of Kampala to just 9% in the years from 2002-2010[[6]](#footnote-6). The deterioration of these wetlands reduces both their flood- and nutrient absorbing capabilities. It means more flooding along their path, and more pollution and nutrients in Lake Victoria, leading to costlier processing of drinking water.

Wetland protection therefore has high priority in Kampala’s policies, leading to an upcoming ban on the use of pit latrines in Kinawataka and other slums, but with no alternative solutions in sight. The project thus coincides with increased political attention to the problem of sanitation in informal settlements, and with a large potential of generating political attention and support for alternative solutions. The intervention will test if bio-centres can be a viable alternative to pit latrines, while improving health and simultaneously contributing to environmental protection of the wetlands. It will transfer technical and organisational know-how to ACT and NSDFU and potentially place them as front-runners in a new approach to sanitation in slums.

2. The partnership/collaborators (our starting point)

**2.1 Describe the experiences, capacities and resources of participant partners**

The project partners are all oriented towards the issues of urban poverty and the relation between the built environment and the quality of life for the citizens living in informal settlements or slums. As a team, we have broad experience in mobilisation and organisation of slum dweller, providing technical solutions and buildings, including sanitation, into slums and working with building design, urban planning and legislation and public authority partnerships.

[**Architects Without Borders**](https://arkitekterudengraenser.dk/) (AWB) have solid experience in community and user involvement from past and ongoing projects. This includes our current land rights project in Mozambique where we work with slum dwellers and community organisations in an effort to formalize land ownership and address resident´s needs for secure tenure. AWB has 10+ years of experience in mobilising communities around buildings of high quality in developing countries. Our work includes capacity building and skill upgrading at various levels, both organisational and among the builders and craftsmen active in our projects. Additionally, we can draw on our large network in Architecture Sans Frontières International, with members in 30+ countries.

[**ACTogether Uganda**](https://www.actogetherug.org/) (ACT) is an independent Ugandan development organisation, established in 2006. ACT’s vision is to **“build Inclusive cities where the urban poor utilize opportunities to transform their communities.”** ACT is the technical partner of the National Slum Dweller's Federation of Uganda (NSDFU), with whom ACT has built a sanitation block in Kinawataka to serve a local informal market. ACT has built sanitary facilities in informal settlements elsewhere in Uganda and supports slum dweller communities in managing these facilities, including dialogue with residents, community leaders and municipal stakeholders. ACT is highly skilled in project execution and -management, and is also partner with Danish NGO Planbørnefonden.

National Slum Dwellers Federation of Uganda (NSDFU) mainly helps establish and support community saving groups in slums across Uganda. NSDFU has around 35.000 members, including many members in Kinawataka, where they, among other initiatives, have been instrumental in the construction of the beforementioned sanitary facility together with ACT. NSDFU is Uganda's most experienced NGO in relation to organising slum dwellers, and is affiliated with ACT in the sense that NSDFU organises voluntary action across the country while ACT is the technical NGO responsible for e.g., sanitary projects and international partnerships.

Kenyan consultants: The project’s strategic service delivery, the bio-centre, is inspired by similar bio-centres in informal settlements in Nairobi, Kenya. Here, 50+ of these structures has been built, and now help to improve health, generate cooperation and play important roles in the urban development. Most bio-centres in Nairobi were built by Kenyan NGO Umande Trust. For this intervention we have enlisted the two most senior and experienced former Umande staff; Elijah Odundo and Michael Mwimali who has specific experience with biocentre construction and cooperative organization. See attached CVs.

**2.2 Describe any previous acquaintance or cooperation between the partners, and how these experiences have fed into the development of the proposed intervention.**

In 2018 AWB initiated contact with ACT and NSDFU to jointly test a slum-upgrading concept based on land value capture[[7]](#footnote-7), developed and advocated by UN-HABITAT. The concept channels profits from increased land value generated by formalisation of land ownership, towards pro-poor urban development. ACT and NSDFU suggested an informal settlement in the city of Jinja where they had initiated a land formalisation process.

After having hosted workshops with slum dwellers, municipal and state actors in Jinja and Kampala, we aborted the project due to lack of support. Since ACT and NSDFU had already initiated a land formalisation process, the better-off slum dwellers who had gained formal land titles preferred to protect their gains rather than invest in a collective effort. We decided to shift focus to Kampala and to begin with a “tangible first” intervention, designed to generate the collaboration and trust that we deem necessary for a larger, more complex land formalisation project to succeed. AWB has previously worked with the two Kenyan consultants and bio-centre experts Elijah Odundo and Michael Mwimali, on a bio-centre project in Nairobi.

* 1. **Describe the contributions, roles, and responsibilities of the partners and other actors.**

Roles and responsibilities of project partners:

AWB is lead partner and will contribute with overall project management, coordination among partners and actors as well as design and construction execution advice. AWB provides support regarding urban planning and -legislation, housing finance and cooperative structures based on Danish cooperative housing models.

ACT will take lead on local project management and have a coordinating role with their partner NSDFU regarding the organisational build-up of the local cooperative. ACT will undertake dialogue with local authorities and bridge the communication between community- and municipal stakeholders. ACT will also take lead in the construction process and manage the community contracting process that will be a key element in keeping costs low and engage local residents and material providers in the project.

NSDFU's main role is to mobilise their existing members in Kinawataka and assist in the establishment and capacity building of a bio-centre managing organisation and a housing-cooperative. The backbone of both will consist of existing NSDFU members, but the rest of the community will be invited to join as well, in the expectation that many more will have an interest in supporting an initiative that will provide key services to the community. NSDFU contributes a plot of land in Kinawataka as construction site for the bio-centre.

Key stakeholders:

Kampala Capital City Authority (KCCA), equivalent to Kampala municipality, is a key actor who have endorsed the project and will participate in and support it in various ways. For example, by waiving the costs for building application, and by participating in meetings and workshops in order to contribute with municipal perspectives and help pave the way for a smooth realisation of the construction component.

**2.4 The intervention’s contribution to developing the relationship and collaboration between partners.**

The intervention will be a huge step forward for the partnership (AWB, ACT and NSDFU) as it is the culmination of a year-long effort to address the root causes of the appalling living conditions in slums. The intervention will test a new approach to slum-upgrading, as described in 3.4 strategy, and will transfer know-how from Kenyan to Ugandan development organisations on the bio-centre approach to sanitation.

The project partners will jointly document the process and systematize learnings in order to facilitate a potential subsequent upscaling of the effort.

3. Target groups, objectives, and expected results (our intervention)

3.1 Describe the composition of the target groups:

Primary target groups (A-B):

A) Families using pit-latrines and lives within the immediate catchment area of a 200–400-meter radius of the bio-centre. Experience from Nairobi shows that this is the approximate distance people are willing to walk to access sanitary facilities. Within this radius lives around 80 families, with an estimated 300-500 individuals. They will all be invited to join the project and participate in the design, construction and membership of the managing bio-centre organisation and use the facilities once complete. The bio-centre will be accessible to all residents and visitors to the community, but members will have benefits such as reduced-price pr. use and priority-access to the community space. Using the facility will cost a small fee, but membership is free, though it may require e.g., upfront user-payment or a subscription in order to provide the organisation with a predictable income.

B) Those from group A who sign up as members of the bio-centre organisation. We expect that many in this group will already be members of NSDFU, who have a substantial member base in Kinawataka. The bio-centre org. will establish a democratically elected board, and will eventually own and operate the bio-centre, so its members must be included in key decisions early on. We expect that 50% of target group A will join the bio-centre organisation from the outset, equal to around 40 families with 200 family members. It is from this member-base that the housing-cooperative will be initiated, once the bio-centre is complete.

C) Residents living within a wider catchment area of 3-400 meter, who can benefit from having their pit-latrines emptied at the bio-centre, provided that this service will be offered by the cooperative, or who are just regular users of the facility despite the longer distance. Some bio-centres in Nairobi are designed with an additional functionality that allows pit-latrine content from residents in the wider catchment area to be received in an orderly and hygienic way, to later be disposed of along with the sludge collected through the bio-centre’s own toilets. This feature may be included later, as an additional source of income.

3.2 Describe how the target groups will participate in- and benefit from the intervention.

Target group A will be invited to participate in the design and construction of the bio-centre, and to become members of the managing organisation that will ultimately own and operate the bio-centre. They will benefit from an attractive and affordable alternative to pit-latrines, through access to clean toilets incl. hand washing, showers and community spaces. The facilities will be available at a low price pr use, as experience from Nairobi’s slums shows that residents are willing to pay a bit to access clean and decent facilities and avoid downsides of pit-latrine usage. These include stink and content seeping into nearby public or private spaces, conflict with users when it’s time to collect money for emptying, stigma and loss of dignity, as well as overflowing latrines when not timely emptied. The intervention will seek to maximise the participation and sense of involvement and ownership among this group.

Target group B; members of the biocentre-organisation. They will have the same benefits as group A but at a reduced rate. They will participate in decision-making around the bio-centre’s operation and the jobs created at the centre for caretakers, cleaners and other staff will likely be filled from their ranks. Other benefits can be agreed on along the way, for instance priority access to the bio-centre’s community spaces.

Target group C; residents living in the wider catchment area. These are less likely to access the facility at a daily basis but could be drawn to using showers and community spaces on par with groups A and B. In case that the bio-centre is equipped to receive pit-latrine content they could benefit from this service.

All groups will benefit from any improvements to the general community that the housing-cooperative manage to generate as a result from their advocacy efforts, whether in regard to increased public investments in critical infrastructure or in relation to achieving security of tenure.

3.3 Describe the objectives and expected results

Objective 1: Improved health achieved through reduced use of pit-latrines and access to safe water.

Expected results, by 2023:

* 50 % of target group A have participated in the design and construction of a bio-centre, have joined the bio-centre cooperative and are engaged in the operation of the bio-centre that service residents in the community with clean sanitary facilities.
* Cooperative members have received training in bio-centre operation, financial management and accountability, democratic governance and advocacy.
* 100% of target group A have access to improved sanitation, safe water and community spaces within the bio-centre.
* 50% of target group A and B have abandoned pit-latrines in favour of using the bio-centre’s facilities.

Objective 2: Kinawataka residents have improved their ability to address root causes of Kinawataka’s poor health.

Expected results, by 2023:

* At least 50 persons have joined a housing cooperative and preparations have been made for formal registration of the cooperative.
* Housing coop members have received training in urban legislation, housing finance and advocacy.
* A forum for dialogue with municipal actors regarding the community’s future has been established.
* A roadmap for establishment of land- and housing rights have been drafted with municipal participation.

3.4 What is the strategy of the intervention?

Our choice of strategy is based on the belief that land- and housing rights are a precondition for addressing root causes of poverty and poor health in slums. Secondly, that the only place where sufficient value exist that can potentially generate housing finance for the urban poor is in the land they live on, and that this value can only be freed and used for pro-poor urban development through land formalisation processes. Thirdly, that these processes are complex and require high levels of cooperation and trust among the residents, which can best be created by beginning with a tangible, collective intervention that addresses everyday problems, such as sanitation, where broad community participation can be generated.

Since our Jinja project, see 2.2 previous acquaintance, we have been searching for an informal settlement to test this approach, which meets four key criteria: that land rights have not yet been obtained by any individual, that we have access to a plot of land for a “tangible-first” project, that we have municipal support from the outset and that NSDFU have a solid member base to build on. Kinawataka fits all four criteria. We believe that a bio-centre is a great tangible-first as it delivers much needed basic services, that it’s an attention-grabbing novelty in a Ugandan context, and that the upcoming ban on pit-latrines and need for sewerage-free alternatives is well-suited to engage the municipality in the project.

The strategy emphasises local participation and involvement. That is why we involve local youth in the initial sensitization campaign, by training and sending them into their own community to inform about the project and invite residents to join. We involve residents by inviting them into both the design and construction phases as well as to join the managing organisation that will ultimately operate the bio-centre. And we later invite Kinawataka residents to join a housing cooperative through which we will address fundamental issues related to land rights and housing finance. We provide knowledge transfer to the local partners by involving Kenyan specialists, and provide learning and skill-building opportunities along the construction process. We use “community contracting”, a method well-known to ACT and NSDFU, to source materials and labour locally and increase support and local ownership of both building and process.

We will use local role models and good-will ambassadors, known to NSDFU through their existing work in the community, to generate support for both the bio-centre and for the long-term effort to secure land rights and housing finance.

Financial sustainability is achieved through a gradual increase in user-fees for both sanitary facilities and community spaces, using the pay-per-use and subscription models developed for bio-centres in Kenya. As with Kenyan bio-centres we expect that user-fees will cover all operational costs one year after completion.

**AWB urban intervention perspective**

In a broader perspective, the proposed intervention is one of three AWB initiatives aimed at testing methods, building knowledge and creating development in complex urban settings. The two other interventions are our current Cisu-financed land-rights project in Maputo (Cisu ref: 18-2159-MI-jan) and the new St. Johns project in Nairobi, Kenya that we are applying for simultaneously with this intervention. Each with their own approach, they are part of our ongoing investigation on how to generate participatory development in complex urban settings, based on our particular set of expertise in the relations between human development and the built environment.

* 1. What are the plans for systematising experiences along the way and at the end of the intervention?

The project’s progress will be managed at weekly online meetings between the partners and during the planned visits by Danish staff. The partners will jointly agree on a suitable monitoring-process that allows for smooth communication and flexible adjustments if necessary.

The project will document improvements in health/well-being qualitatively, by following selected residents representing the three target groups. Likewise, the growth of cooperative members and their attitudes towards the project, number of bio-centre users and number of people trained will be documented.

Furthermore, the process around the design and construction of the bio-centre, and its role as catalyst of local engagement will be followed and documented. We hope that a thoroughly documented process can later be used to pursue evidence-based advocacy for the slum dweller’s right to water, sanitation and good health. In particular on how to enter a slum area, how to involve and motivate people through concrete action with a tangible and immediately realisable project and in that way build organisational capacity.

4. Intervention-related information work in Denmark

To the partnership, the project represents a new approach on how to engage residents in slums in issues around sanitation, organisation and advocacy in regard to infrastructure provision and land rights. The results will be presented at AWB’s website and SoMe channels, through presentation at our recurring public learning events “Evening Without Borders” and, if possible, at the big UIA congress that will take place in Copenhagen in 2023[[8]](#footnote-8), with the expected participation of 10-15.000 architecture professionals.

5. Supplementary financing

The project has secured a 150.000 dkk grant from Dreyers Fond. See annex 2, [Dreyer Grant confirmation](https://drive.google.com/file/d/1G3RN1-L3ijK1R6g_m-Lo6dnKnysWtwVb/view?usp=sharing).

The partner NSDFU contributes the building site, with an estimated worth of at least 120.000 dkk. See annex 3, [NSDFU building site ownership documentation](https://drive.google.com/file/d/1nKIoGrn6kcQ3av5jvq2euqNycrJib6q6/view?usp=sharing).

Voluntary contributions

All three partner organisations will provide significant voluntary contributions in time, in order to realize the project within the budget. NSDFU in particular will contribute voluntary resources through its base of voluntary members in Kinawataka.

List of annexes with links  
1. [Kampala Capital City Authority (KCCA) project endorsement / letter of support](https://drive.google.com/file/d/10OqMcDRNq7YzitTmvxkkiPG9QbSawZHG/view?usp=sharing)

2. [Dreyer grant confirmation](https://drive.google.com/file/d/1G3RN1-L3ijK1R6g_m-Lo6dnKnysWtwVb/view?usp=sharing)

3. [NSDFU building site ownership documentation](https://drive.google.com/file/d/1nKIoGrn6kcQ3av5jvq2euqNycrJib6q6/view?usp=sharing)

4. [Bill of quantities (BoQ) for bio-centre (detailed construction cost budget)](https://drive.google.com/file/d/1hmTvm6iSPBACPVJ3qDMUh6Pt0xEvEWPS/view?usp=sharing)

1. <https://halshs.archives-ouvertes.fr/halshs-00755905/document> [↑](#footnote-ref-1)
2. Equivalent to Kampala municipality [↑](#footnote-ref-2)
3. See location here: <https://bit.ly/3rPvMkE> [↑](#footnote-ref-3)
4. <https://en.wikipedia.org/wiki/Dead_capital> [↑](#footnote-ref-4)
5. https://gltn.net/2019/05/24/land-tenure-and-climate-vulnerability/ [↑](#footnote-ref-5)
6. Promoting Green Urban Development in African Cities [↑](#footnote-ref-6)
7. Land value capture is a policy approach that enables communities to recover and reinvest land value increases that result from public investment and government actions. Land value capture is rooted in the notion that public action should generate public benefit.

   <https://www.oecd.org/cfe/cities/Flyer-Land-Value-Capture.pdf>

   <https://unhabitat.org/sites/default/files/download-manager-files/1407237675wpdm_Land%20Readjustments.pdf> [↑](#footnote-ref-7)
8. <https://uia2023cph.org/> [↑](#footnote-ref-8)