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**WATER AND SANITATION CENTRE**

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STATUS REPORT ON  
COMMUNITY EDUCATION AND PARTICIPATION  
ACTIVITIES AND RECOMMENDATION

Report on the First Meeting  
of the Community Participation  
Advisory Group

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### Abstract

This Report summarizes the proceedings of a two-day meeting of the IRC Advisory Group on Community Participation. Discussed were the current national and international activities in community participation and education; the major gaps and problems, and the most necessary studies and actions to promote and encourage community participation in drinking water supply and sanitation. The report also comprises a summary on the ongoing and planned community participation activities of the organizations represented by the meeting participants.

**Keywords:** Drinking water supply; sanitation; community participation; health education; evaluation; health impact; socio-economic impact; self-reliance; planning; maintenance; costs; women.

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## SUMMARY

This report summarizes the proceedings of a two-day meeting, the first meeting of the IRC Advisory Group on Community Participation. The purposes were to review current activities in the field, identify gaps and problems, and formulate recommendations for further studies and for action, by agencies active in the field in general and by IRC and the Advisory Group itself in particular.

The review of current activities covered national programmes in Latin America, in Africa and in Asia separately, identifying the types of participatory programme being developed in each region. In Latin America, some national water programmes involve no participation, others, with the aim of reducing the cost burden for the water agency, have set up local water boards to take over some administration, and reward work by individual users on construction through a reduction in their water rate. Only in the areas which have maintained a strong Indian tradition does participation take on a more communitarian spirit. In general, the participatory programmes are found in larger villages rather than among the more dispersed rural population or in urban neighbourhoods. Few adequate evaluations have been carried out, especially as regards social or health impact. Health education within the programmes tends to be top-down. There are problems of financing participatory programmes, especially as they grow bigger, but solutions can be and in some cases are being found.

Programmes in Africa are more varied and so more difficult to summarize. The meeting noted great problems with maintenance due to inadequate provision for its financing or for a realistic division of tasks between agency and community. Some positive experiences were noted with the encouragement of self-reliant village improvements, including by women's groups.

It is even more difficult to generalize about Asian countries. The meeting discussed a number of programmes in which elements of participation have been successfully developed, including for maintenance. However, it was noted that in many cases the weaker sections of the local population are not involved in planning and may be left without improved access. The need for participatory programmes in sanitation was also discussed, a few pioneer cases being mentioned.

The meeting then turned to an examination of the initiatives being undertaken at an international level to promote participation. They include the development of guidelines for national planning, but for the most part the activities of international agencies in this field are linked to the support of specific projects. A monitoring and evaluation component is included in most such projects, and a beginning has been made with the comparative evaluation of community participation. IRC is, for instance, proposing comparative field evaluations focusing on maintenance, health practices, costing and coverage.

In the area of sanitation, both national and international efforts have hitherto emphasized excreta disposal, while there has been a relative neglect of other important aspects such as waste water disposal and hygiene (especially handwashing and the availability of soap).

Following the review of current activities, the meeting turned to the state of knowledge in the field of community participation and education, seeking the major gaps, discrepancies between theory and practice, and practical constraints.

The major gaps identified were in comparative evaluation, costs and cost savings of community participation, and the relationship between community participation and types of technology. The necessity of the linkage of health education and sanitation to water supply is generally acknowledged. But there is a frequent discrepancy between the type of programmes generally acknowledged to be needed and the type of programmes that actually exist. Finally, there are important organizational constraints to the integration of a participation component in water and sanitation programmes.

The meeting recommended that IRC carry out the proposed project of comparative evaluation and support for programme development by national agencies in this field. The continuation of IRC's information services was also encouraged, including several specific activities such as the translation and summary of promotion manuals and the appraisal of newly developed guidelines as requested by individual countries. It was also recommended that the information services might be supplemented by assistance to training of technical and social staff. A need was identified for further investigation of the relationship between participation and various types of technologies.

Special projects recommended in this field concerned national programmes for intermediate technologies and self-reliant approaches and a multidisciplinary evaluative case-study of various systems of handpump maintenance. With regard to a reorientation of health education in relation to water, the meeting recommended that IRC help organize regional workshops on health education. Finally, a special study of community participation for low-income urban areas was advocated.

There is a need for work by a number of institutions: IRC can play only a small part directly. There is also a need for more consultation and cooperation between the institutions involved in supporting and promoting community participation in water and sanitation. IRC will therefore continue its reference function in this area under the guidance of the Advisory Group on Community Participation. The Advisory Group's main function will be to periodically review the state-of-the-art as well as the main national and international actions concerning community participation. On this basis the Group will identify the main fields for further study and technical support and stimulate a more concerted action in the Decade activities of the organizations promoting community participation.

Working papers on each topic were prepared by IRC. The participants were invited to prepare a background paper and/or summarize their organizations' activities. The participants' additional factual statements, their observations and comments have been incorporated in the original material to form the present report.

The background of the participants was varied: some have gained experience with community participation as social scientists, others as sanitary engineers and medical doctors working in community health. Thus the group looked at the question of participation in water and sanitation with technical, organizational, social and health objectives and targets in mind.

## 1. REVIEW OF CURRENT COMMUNITY PARTICIPATION AND EDUCATION ACTIVITIES

### A. CURRENT NATIONAL PROGRAMME ACTIVITIES AND NEEDS

#### I. Latin America

##### 1. Existing programmes

Latin America has the longest experience with CEP programmes for rural water supply and sanitation systems. These are generally village programmes, providing piped water and sanitation systems with yard or house connections in semi-concentrated settlements. With regard to community participation procedures, three situations can be distinguished:

- (a) Participation is favoured by indigenous Andean Indian culture, e.g. in Peru, Bolivia, Ecuador and parts of Colombia. In the organization of the participation of the communities the central government builds on the existing traditions and guides from above the decision-making of the local water boards.  
A similar use of the local Mayan culture is apparent in a Guatemalan programme.
- (b) Elsewhere participation may amount to no more than transferring some of the cost burden from the agency to the users, e.g. in Argentina and the greater part of Colombia. The main incentive for participation in construction is reduction in the water rate charged to the household. The water boards are set up to take over the systems once they are built.
- (c) In other countries no participation, e.g. in Venezuela and Brazil. The water and sewerage authority builds and operates the system. The community only pays established rates.

Besides government village programmes there are also large non-governmental programmes with different CEP procedures on which little information is generally available. Examples are the Agrarian Reform Programme of the Cauca Valley Regional Autonomous Corporation and the Coffee Federation Programme, both in Colombia.

The government programmes for drinking water supply for more dispersed populations (wells with handpumps, springwater tapping with public standposts, etc.) generally involve far less community participation. However, in the Dominican Republic, locally selected health workers will be trained in handpump maintenance and health education (annex 1).

For low-income urban populations some participatory programmes exist, but detailed information is lacking.

## 2. Programme evaluation

Regular monitoring is carried out within some of the government programmes and data are collected that would be useful in an evaluation of the participatory effort (construction cost savings, the cost of the promotion service itself, system breakdowns, rate payments, etc.).

Agency evaluations are, however, rare, they are not easily accessible and may not always be completely objective. Outside evaluators might sometimes be able to make better use of the existing statistical material in an evaluation of the success of a particular CEP programme. In countries where several different programmes exist with a varying degree of participation the evaluation could be a comparative one. Colombia has expressed an interest in such an evaluation.

One comparative evaluation has already been carried out in Mexico (ref. 23). Here, however, very little detail was given on the actual CEP procedures of the different programmes. It would be useful if an appraisal of these procedures could also be carried out to know more precisely what factors contribute to the better functioning of the projects with community participation.

Appraisals are also useful for programme development. For instance, an appraisal in Ecuador concluded that the agency had not adequately adapted its procedures to the requirements of the participatory approach (annex 1).

### 3. Gaps in evaluation

#### a. Water use and health impact studies

An aspect which has not been extensively evaluated in Latin America is the health impact. Some evaluations have been carried out in Argentina and Chile, but the interest in such studies appears to be limited. An advantage of greater cooperation between health services and water agencies would be to encourage studies of water use patterns and health impact.

#### b. Social system effects

Evaluations of the impact of participatory programmes naturally concentrate on aspects that are a concern of the agency. Some of these (e.g. continued functioning) will also be of interest to the community. But there are also consequences for the community which are relevant in a wider social context. An example of such an aspect might be the decision of an agency to organize participation exclusively through the local body that formally represents the population. The consequences of such a decision will be obvious in countries where formal representation differs from true representation. But local power relationships can also affect the degree in which the views of various interest groups (women, landless labourers, squatters making use of land reform legislation, etc.) will be represented. Another example might be the choice of a system for the sharing of local contributions to construction (or a water rate system), which may affect various community categories differently (equal contributions are a bigger burden upon poorer sections).

Evaluations of CEP programmes should therefore also look at the possible consequences of the water provision, and the procedures used, for the local social system.

### 4. Changing needs as programmes develop

As a large-scale participatory programme develops, the recurrent costs of community participation grow. Even though the communities pay the direct costs themselves, there is an ever growing number of committees to be supervised.

An alternative to frequent supervision which is currently being tried out in Colombia is an improved formal training for the committees. The agency<sup>1</sup> is also studying a more flexible administrative set-up to improve the technical-administrative success of community participation in some areas. Another problem that becomes more important as programmes grow is the financing system. In smaller, more remote communities many more people cannot meet the requirements of monthly rate payments. This is essentially an urban system, which has to be changed when more rural communities are served.

##### 5. Health education

Present health education approaches in village water supply and sanitation programmes in Latin America tend to emphasize passing down health information and are based mainly on short term mass communication activities. Colombia has expressed an interest in evaluating the cost-effectiveness of another health education approach in a demonstration project. The national rural drinking water programme will be linked with the primary health worker programme. The female village health promoters will realize an environmental health education programme that is (a) oriented towards self-management of environmental health conditions (e.g. excreta disposal, drainage, food hygiene, nutrition) (b) lets various target groups and especially the women participate in all phases of the health programme, including planning and evaluation, and (c) includes special health impact studies by the district health service in selected communities.

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<sup>1</sup> Instituto Nacional de Salud, Division de Saneamiento Básico Rural

## **II. Africa**

### **1. Existing programmes**

The situation in Africa is more complex than in Latin America. Village systems with piped yard connections are very unusual. One finds mostly communal wells, water reservoirs and piped supplies with public standposts, with or without user payment. Where community participation exists, it may be limited to one phase, usually construction. (see for example annex 1, Burundi). There is a much greater variety in participation and education procedures, and standardization even within one country is rare. Manpower arrangements also vary greatly: as in Latin America CEP tasks may be allotted to a special promotion service within the water agency (e.g. in northern Ghana, eastern Ethiopia and southern Guinea-Bissau) or to technical personnel, with or without special training (e.g. in Malawi and southern Ghana), to an independent government service for community development (e.g. Niger), or to a parastatal organization (Ivory Coast).

To bring some perspective into a rather kaleidoscopic picture, four different types of programmes are discussed in the following sections. For each of them possible needs and opportunities for CEP programmes will be identified. Thereafter the more general issue of programme coordination is discussed.

### **2. Programmes without CEP**

For many countries in Africa, especially for many of the North and Central African countries we have no information on CEP components built in or linked to drinking-water supply and sanitation programmes. It is not unlikely that such components are altogether absent. Contacts with higher level government staff or local UN representatives may reveal if a need for the development of CEP programmes exists.

Other countries, such as Chad and Niger have abandoned CEP programmes in

some regions, because they gave too many problems<sup>1</sup>. It is possible however that adaptions in the technical and social programme would give better results.

### 3. Participatory well-construction programmes in Francophone Africa and Guinea-Bissau

Participatory well-construction programmes have been long established in some countries, such as Upper Volta (since 1964) and Niger (since 1967). In other countries, such as the Ivory Coast and Guinea-Bissau, new programmes have been established. The type of participation varies from voluntary labour for construction in hand dug wells, the establishment of water committees and the training of local paid or unpaid caretakers. It would be useful to evaluate such programmes with regard to the effect of the existing CEP procedures. Evaluation may identify needs for additions to the existing programmes, such as a health education component, a waste disposal programme or a financing system for operation and maintenance.

### 4. Self-help projects in eastern and southern Africa

In eastern and southern Africa (Ethiopia to Lesotho) rural water supply programmes appeal to the tradition of self-help mass action. Not everywhere are such programmes successful, however. In Kenya and Tanzania there have been negative experiences with self-help construction and with subsequent maintenance, clearly due in part to poor communication with the community and failure to provide adequate technical assistance. Different CEP procedures, with more emphasis on participation in planning and maintenance and a realistic division of responsibilities between agency and community may lead to better results.

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1 E.g. in areas where the voluntary village labour could not dig deep enough for a reliable supply and in areas with a nomadic population or a high percentage of nomads. With the nomadic population, participation was hampered by the lack of an off-season, their nomadic life-style, mistrust of officials for fear of forced settlement and a closed society with its own culture and strong traditions. The village people in these areas, resented the free use the headsmen made of wells that only the villagers had helped meanwhile to dig.

The experiences of Malawi, where a participatory programme for construction of wells and gravity supplies was built up gradually from a small unit within a community development department, appear more positive. A monitoring and evaluation programme has recently been established (see annex 1). It may point to a need for a health education and/or sanitation component.

##### 5. Activities for self-reliance

Another field for evaluation and programme development includes activities for water and sanitation improvement which are more or less exclusively based on local resources. A few African countries already have experience with such programmes.

One type of programme consists of the training of health workers at field level for technical assistance in simple water supply and sanitation improvements by the whole community. A well-known example is the Practical Training for Health Education Project in Cameroon. Another village health worker programme for the improvement of water supply and sanitation is under implementation in Zaire (see annex 1).

In many countries certain barriers impede the use of village health workers for such tasks. The medical establishment is reluctant to use health workers as more than an information and counselling agent. The health workers draw their role models from medical staff and seek professionalization. They lack technical capabilities. The training of single persons brings with it the risks that the activities are stopped when they leave. The material resources available for self-improvement in rural areas are limited and often decreasing. The rationale for self-financed improvements is not clear, especially because urban dwellers get services without any self-help at all.

Other programmes for self-development are a result of the formal or informal organization of women, e.g. the mabati groups in Central Kenya.

The outside support here is some technical and financial assistance rather than training, including the development of such intermediate

technologies as low cost cement water jars for collecting rainwater from the corrugated aluminium-(mabati)-sheeted roofs installed by the women.

Other countries, such as Tanzania and Botswana have organized mass campaigns using mass communication media (radio, popular theatre) and community organization methods. These campaigns also reach those not yet served by outside programmes with higher level services. Such programmes can thus play a useful role to increase the coverage of the population with water supply and waste disposal facilities which may not be the most convenient but are at least safer. Proper coordination between large agency programmes and programmes for self-reliance will however be essential to prevent the wasting of precious local resources.

#### 6. Coordination of programmes

In a number of African countries programmes without CEP and with different types of CEP exist side by side. In some countries both technical and non-technical agencies have construction responsibilities, the one without, the other with CEP. It even happens that there is overlap: communities that have improved their supply in a participatory programme are later found to be included in a planned system that will be built without participation.

For a clear-cut policy it is necessary to identify, where and how CEP programmes are to be used, sometimes necessitating an adaptation of the programmes concerned. An example of such a case is Cameroon, where the amalgamation of the Community Development Department and Animation Rurale provides a national coverage in the participatory water supply programme. The Community Development Department was responsible for CEP in piped water supply projects in the anglophone provinces. Such a cooperation did not exist between Génie Rurale and Animation Rurale in the francophone regions. The Department therefore now intends to adapt its procedures to the francophone regions. A number of planned activities relate in particular to rural water supply (see annex 2).

Another situation where coordination and comparison of progress can be necessary is in countries where different regions have been allocated to

different donor organizations for technical assistance projects in water supply and sanitation. This is for example the case in Tanzania (ref. 19). One problem in the development of effective community participation and education approaches in this country stems from differing objectives of the organizations involved. The national policy is community participation for self-reliance. The water agency has translated this policy into the communities requesting a supply and providing free labour for construction. The donor agencies, however, are more preoccupied with maintenance and want the villagers to take over where the government falls short. Social scientists in the national research institute in water are concerned about the interests of the villagers and advocate more participation in planning that meets village needs more adequately. A successful CEP programme must integrate all these objectives and create mutual understanding and coordination, between all agencies involved.

### III. Asia

#### 1. Existing programmes

In Asia also, a variety of service levels and community participation traditions and initiatives is found. Manpower arrangements include technicians trained for community organization (South Korea), health supervisors trained for technical and socio-educational tasks (Malaysia), multi-agency government staff for community organization and local management training (Philippines) and the integration of rural handpump programmes in the primary health care programme (Thailand). The socialist forms of economic organization in China and in Vietnam allow the use of communal institutions for water development.

The needs and potential for community participation development and evaluation are therefore discussed in the same way as for Africa. Thereafter two more general issues pertinent to the Asian situation, type of participation and sanitation, are briefly dealt with<sup>1</sup>.

#### 2. Drilled well and handpump programmes

In India, the main example of community participation in water agency programmes is in the maintenance of handpumps installed under a project assisted by UNICEF. After successful pilot testing in Tamil Nadu the programme is now expanded to other states (annex 3). A similar programme exists in Bangladesh but with additional participation in allocation, siting and financing of construction. In Thailand, government staff of all levels have attended workshops to train them to involve the community (including women) in siting of wells, financing and maintenance. The integration of handpump installation on existing wells in the national PHC programme is being tried out in a pilot region.

Again there is room for evaluation of these programmes and for possible development in the direction of incorporating health education, more recognition of the needs of weaker sections of the community and greater involvement of women.

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<sup>1</sup> The remarks on the lack of information on CEP programmes for certain African countries also apply to some Asian countries. The Near and Middle East and Pacific region have been omitted for the same reason.

### 3. Rainwater storage programmes

Two interesting rainwater storage programmes with community participation exist in Indonesia (West Java) and Malaysia. Such programmes also exist in Africa and Latin America but those in Asia are particularly interesting because they have been going on for some time, were organized by a government agency, and have a relatively successful participation component. A specific reason for studying such programmes is the potential of this type of supply for small communities and groups of households, which is as yet not fully utilized.

### 4. Piped water supply

Two programmes in Malaysia and South Korea have successfully involved their local staff in both community participation and technical tasks. In both programmes, the community participates in financial decision making, construction, maintenance and administration. There are also noteworthy differences, however, e.g. regarding health education and financing. Both programmes present interesting cases for evaluation on the consequences of CEP procedures for the agency and the community.

The Philippines have recently developed a rural programme with participation in all phases and a regular evaluation system. Nepal has a programme for self-help labour in piped supplies. Indonesia has a regional pilot programme which includes participation in planning and in operation and maintenance (West Java).

In India, a national evaluation survey of rural water supplies is being carried out, including some questions on participation and health education. It is expected that this evaluation will lead to a national initiative for community participation and education programmes in the state programmes for rural water supply.

### 5. Types of community participation

In most Asian policy documents mentioning community participation emphasis is laid on the reduction of agency costs in construction and

management. Other possible goals, such as an improvement in public health, a combined household and economic use of water or the improvement of access for the weaker sections of the society appear to be given much less attention, especially at the field level. As a consequence of this preoccupation with cost reduction the risk exists that in mixed systems (piped supplies with a more or less equal percentage of the population served by paid house connections and free standposts) the standposts may be limited to an unrealistically small number and not properly maintained because they produce deficits and discourage people from taking a paid house connection. Of the total 17% of the rural population officially estimated to be served with piped water in Pakistan for example, the 15% with a house connection are likely to belong to the rural elite.

#### 6. Sanitation

The linkage of sanitation to drinking water supply is a need in many countries, but especially in some South Asian countries where sanitary conditions are very poor. A number of programmes exist but there are serious organizational and socio-cultural constraints.

In India, there are a number of government and voluntary agency initiatives for participatory sanitation programmes, but overall they have not yet had a great impact. One participatory programme, started in Bihar in 1973, for bucket latrine conversion in unsewered urban areas is now expanded to various Indian states. There have been a number of other university supported projects, but these projects have been limited to research/pilot purposes without replicates on a larger scale. In rural Sri Lanka and the Philippines there are also NGO latrine programmes. A participatory urban fringe programme for sanitation and drainage exists in Java, Indonesia.

## B. SUMMARY REVIEW OF CURRENT AND PLANNED ACTIVITIES AT THE INTERNATIONAL LEVEL

### 1. Development of guidelines and approaches to national planning

Within the UN system, WHO is involved in technical cooperation with Member States for the planning and programming of national action in the context of the International Drinking Water Supply and Sanitation Decade. Community participation is encouraged and promoted as one of the key elements of National Decade programmes. Guidelines for this purpose have been prepared in cooperation with IRC: reference (1) and reference (2). Document (1), the draft guide for the design of a national support programme on CEP, is used by national and WHO staff during National Decade planning workshops that are being organized at present in the context of WHO projects supported by UNDP, GTZ and SIDA. It is intended to further field-test the guide and to publish a possibly modified version in the course of 1982.

Community participation and education also have a prominent role in two other WHO programmes: the Primary Health Care Programme for "Health for All by the year 2000" and the Special Programme for Research and Training in Tropical Diseases. The definition of primary health care includes active community involvement for self-reliance and community control of health systems.

The Division of the Strengthening of Health Services assists governments in the development of a primary health care approach. A global review on present participation strategies and constraints is under execution. The report will be published in a few months' time (annex 4).

The objective of the Special Programme for Research and Training in Tropical Diseases is to increase the effectiveness of tropical disease control programmes through - among other things - the integration of human behavioural factors in their design and implementation. Intermediate objectives are (a) the definition of the relationships between social, economic and cultural factors and disease transmission and control, (b) the studying of management strategies, (c) the estimation of cost-effectiveness of alternative control measures and (d) the development of guidelines on

economic and social impacts. Studies include both the application of the existing social science methods and more fundamental research (reference 3). Results have already been published on the relationship of human behaviour and the incidence and control of schistosomiasis (reference 4), and the socio-economic and cultural factors related to the incidence and control of Chagas disease (reference 5). The study on schistosomiasis recommends much more attention to health education for a better acceptance of control measures by the population. Social research rather than community participation is recommended as a means to realize appropriate technologies (water supplies, latrines) for schistosomiasis control. For the control of Chagas disease, health education and community participation are considered essential, both in insect-spraying and housing improvement projects.

The tropical disease control programme and the drinking water supply and sanitation programme share an interest in the role of community participation and health education in the reduction of a number of environmentally related diseases. Both programmes could therefore profit from a greater collaboration.

## 2. Support to planning and implementation of specific programmes and projects

Other international organizations (UNICEF, World Bank, UNDP, bilateral donor organizations) assist national government organizations in the planning and implementation of specific programmes and projects. Most of these projects now have some kind of CEP component built in. Their objectives and the types of participation vary considerably, however. The greatest unanimity exists on the need for continued functioning of the facilities and their proper use for an optimal health impact.

The problem of frequent and long breakdowns made UNICEF concentrate initially on the training of community members for simple caretaking tasks. A three-tier maintenance system for handpumps was developed in India and Bangladesh. UNICEF now also promotes participation in planning and in health education. In Thailand the project support communications service has organized provincial workshops for local government officials on community participation in handpump programmes (reference 7).

UNICEF has developed some other programmes in individual countries, including Pakistan (village promoters of sanitation and health education) and Southern Sudan (village attendants) according to specific country circumstances. A major workshop to discuss community participation in all UNICEF programme activities was held in New York in December 1980. It identified the general characteristics of community participation, the factors contributing to and detracting from it, and the methods to foster community participation in national programmes. Special activities decided upon, in all fields including water, are:

1. the establishment of a knowledge and resource network for community participation through the Senior Specialist for Community Participation at UNICEF headquarters;
2. the organization of regional field exercise and training workshops on community participation located in areas where a participatory project is going on (reference 7a).

In addition, workshops on the integration of health education into water supply and sanitation programmes will be held in 6 selected countries. While there is an overall philosophy on community participation, there is not a single approach to its application. UNICEF staff is to promote community participation in the individual country programmes and programme planning. Consultants, social scientists, are engaged in relation to particular country projects<sup>1</sup>.

An inventory of UNICEF-supported drinking water supply and sanitation programmes in 81 countries (reference 9) shows that 35 countries have some type of community participation and 36 countries some form of health education in their projects. The type of participation varies from simple requests by a community (3 cases), participation in planning (8 cases), support to construction, mostly in labour (20 cases) and financing (9 cases), to training for operation and maintenance (13 cases) and involvement in administration, monitoring and evaluation (6 cases). In 11 cases the community is in some way directly involved in the health education programme. In 8 countries UNICEF supports research or development of community participation.

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<sup>1</sup> E.g. Annemarie Russell's report on the situation of women in the target villages of the Southern Sudan Project (Bahr el Ghazal province) (reference 8).

The UNDP Division of Information has engaged a consultant, Dr. Jane Bunnag, to (a) make an inventory of existing experiences in community mobilization participation and communication, (b) analyze these experiences in a report, including checklists for planning and implementation, (c) draw up a training plan for personnel working with the communities and (d) formulate recommendations for future action.

Meanwhile UNDP is already actively involved in developing and implementing demonstration projects in - especially - low-cost sanitation, under its Global and Interregional Programme. The development of these projects, including the community participation and health education components has been delegated to the TAG group, an expert group of consultants supported by the World Bank. Their tasks include also (a) the orientation of governments, donor agencies and professional consultants towards appropriate technology and a multi-disciplinary approach, (b) the promotion of institution building and (c) the organization of training.

The demonstration projects are a follow-up of the World Bank Research and Evaluation Project for Appropriate Technology for Water Supply and Sanitation. This project also included a study of community participation and health education. To ensure an optimal acceptance of the design, the World Bank advocates social research. Participation in local planning can then lead to some minor adaptations. Promotion and health education should further motivate acceptance of the proposed project. Participation in construction (voluntary labour) and operation and maintenance (village organization) are only considered feasible under certain conditions and demand ad-hoc arrangements (references 10 and 11).

An example of these demonstration projects is the Wanging'ombe Rural Sanitation Project in 49 Tanzanian villages. This has begun with six months of preliminary consultation with political and local leaders and health personnel, followed by a pilot project of 7 demonstration units in 4 villages. The key personnel has been trained in a workshop. The community will participate in siting, brick making and digging of the pits. The local health staff will organize the health education and supervise the work<sup>1</sup>.

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1 Tanzania is also one of the countries where several donor organizations are developing CEP components for their regional water supply projects. Since IRC is directly involved there, fuller information is given in IRC project documents made available to participants. (references 17, 18, 19, 20)

There is also an urban low-cost sanitation project in Tanzania. The scheme was originally intended to be a self-help one with local households being given the materials to build their own latrines. But, simple as it is, the system is not an easy one to build, and there were fears that many of the poorer households would be tempted to sell off the cement. (reference 12)

Of the bilateral donor organizations involved in Drinking Water Supply and Sanitation, CIDA (references 13 and 14), DGIS (reference 15), SIDA (reference 16) and USAID at least have supported or are supporting Drinking Water Supply and Sanitation projects with a CEP component. All agencies share the objectives of continued functioning and optimal use, contributing to a public health impact. Other objectives mentioned are related to agricultural development, local capacities for problem solving and concentration of settlement patterns. The projects of CIDA, DGIS and SIDA (in certain regions of Ghana, Guinea-Bissau and Ethiopia respectively) include participation in planning, construction and maintenance (paid or voluntary manpower) and sometimes allocation and evaluation. The representativeness of the groups consulted is emphasized. All three agencies have also helped organize a promotion service within the water agency and have stimulated links with the primary health care system. Recent USAID projects with health objectives recommend health education, consultation on technologies, tariffs and local administration. (reference 21)

### 3. Evaluation activities

Since the appraisal study (reference 22) new and additional information on evaluation of CEP by international organizations has become available. The OECD mailing survey in Mexico showed that the best operation and maintenance were found in projects with labour and financial participation in construction. Community water committees were not so successful in ensuring continuous operation, when used as the only form of participation, but more successful projects without any participation at all (reference 23).

An OECD mailing survey in Africa showed that participation in construction did not lead to a significantly better functioning, whereas participation in maintenance and the presence of a committee did.

Also important for operational success was the existence of water regulations formulated by the project or the community itself (reference 24). Thus in general CEP contributed to the success of these projects although such aspects as cost saving, health impact and the functions and composition of local water committees need more study. At present the OECD Development Centre does not plan any further evaluation or action on rural water supplies.

Field evaluations in Cameroon (SATA, reference 25) and Niger (EEC, reference 26) included the calculation of net savings of 13% and 12% respectively by voluntary contributions to construction.

CIDA is carrying out field evaluations in two regions of Ghana (references 27 and 28). Topics investigated include the organization of village level maintenance and source protection, water use patterns and hygiene behaviour, longer term impact on public health, the position of women, self-reliance, vegetable gardening, livestock management and migration.

Other than in the health and water and sanitation sectors, much work has been done on participation in rural development projects with an income-generating purpose. The results of evaluations in this field will also be of interest to those involved in participation for basic services (annex 5).

Finally, IRC is starting up comparative field evaluations of the community participation practices of national rural water supply agencies. The evaluations are to be carried out as far as possible by the agencies themselves, and are directed to the extension and deepening of the participatory approaches used. The true costs of the programmes will be estimated. Development will focus on (a) maintenance (its improvement through local involvement), (b) health practices (their improvement through dialogue) and (c) coverage (especially its rapid extension to smaller rural settlements through the simplest technologies and self-reliant community action) (annex 6). A project is already underway in Tanzania, that will include also field testing in one region of an extension unit approach to developing community participation (reference 20).

#### 4. Waste disposal

International organizations are now paying increasing attention to non-sewered human excreta disposal facilities. IDRC and World Bank are engaged in studies for the designs of low-cost technologies that are culturally acceptable. The World Bank study, Appropriate Technology for Water Supply and Sanitation, incorporated social research in seven Latin American areas, urban and rural. In a number of countries the design studies are part of a special installation programme, incorporating health education for promotion, use and maintenance.

Most international agencies now add wastewater disposal provisions to their drinking water supply programmes. The main gaps still found, however are

- (a) Lack of provision for the disposal of waste water and grey water when private (household or patio) connections are provided for water supply.
- (b) Lack of provision for the maintenance of the drainage facilities which are more generally incorporated in the design of public water supplies - standposts and handpumps.

There is a need to integrate community participation and health education programmes into these provisions.

Other waste disposal problems such as animal excreta disposal could also be a focus of a participatory approach to modifying health-related behaviour: A community may make mandatory decisions on tethering or penning of animals. Such possibilities have not yet been specifically included in project designs nor has research been done on the trade-off between health and economic considerations. It is possible, of course, that the interests of different sections of a community may differ on the question of tethering animals: for instance, the extra work of bringing fodder to the animals may be added to the burdens of women<sup>1</sup>.

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<sup>1</sup> An example is the Slow Sand Filtration Demonstration Project in Alto de los Idolos, Colombia. The water at the intake was getting so polluted by excreta of the cattle grazing freely in the area that the proper functioning of the filters was threatened. Asking the water committee to fence the intake area would have caused financial problems. Asking the people to confine their animals was incompatible with the local land use and labour patterns. When the problem was put before the water committee, they came up with their own solution: the organization of voluntary labour from all user households to transplant 800 trees as a natural fence to the intake. This solution worked very well in the particular circumstances: the water quality is not sufficiently improved for the filters to finish the purification.

## 5. Programmes for low-income urban areas

UNICEF has carried out an appraisal of appropriate technologies for urban slum and fringe areas (reference 29). The study includes a short discussion of the role of community participation and health education and presents case studies of relatively successful projects in Brazil, Cameroon, India and Indonesia. The integration of technical and social components is advocated. The technical options are however not accompanied by an equivalent presentation of socio-educational options.

Actual programmes are carried out by World Bank (e.g. many site and service projects) and UNDP (global projects). The different participation and education procedures and experiences have not yet been studied in detail.

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## 2. IDENTIFICATION OF NEW PRIORITIES AND CONSTRAINTS

### A. RESEARCH / EVALUATION

#### 1. Comparative Evaluation

There appears to be an important gap in the comparative evaluation of the various approaches and initiatives adopted in different continents, countries and individual projects. A considerable number of reports are now available on individual cases. These have been analyzed and general conclusions drawn, by IRC among others. However, too often the reports do not convey enough information about the background to the decisions made or the approach taken. The result is that the general recommendations for programmes of action we can make often do not go beyond suggesting that something which has been successfully done elsewhere might be adopted - or a possibly a series of optional choices. In order to provide guidance related to the circumstances of each country we need a better understanding of what works in what circumstances (socio-economic, cultural, technical, political) and why. For example, when can it be expected that a village community will pay one of its members a salary or fee for acting as operator of its water supply? Or, what kinds of communities can be brought to discuss the need for changes in hygiene practices together, come to a collective decision, and enforce it on members through social control - and over what aspects of hygiene practices, public or private? Or, what kind of agencies develop the esprit de corps which permits efficient work with communities on self-help construction of supplies? These and similar questions can only be answered by examining several countries where some circumstances are similar and others different, and attempting to account for the differences.

#### Discussion

The meeting strongly endorsed the need for comparative evaluation studies, and specifically the IRC proposal for such a study<sup>1</sup>.

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<sup>1</sup> IRC, Community Education and and Participation Programme Proposal: Inter-regional Project, June 1981.

Three major goals were identified in comparative evaluation: a research goal (the identification of the determinants of success/failure of various CEP approaches under varying circumstances), a technical assistance goal (the development of management tools for self-evaluation and planning by the participating national agencies), and a manpower development goal (building up of international expertise in community participation and education in water and sanitation, identification of local experts and training of existing staff in this field).

The meeting emphasized that not all four elements mentioned in the comparative evaluation proposal (operation and maintenance, health practices, coverage and cost of community participation) need to be studied in each case. Rather, one should start from what an individual country wants. It then may be possible, in consultation with this country, to go from there and include some of the other aspects as well.

Neither will it be necessary or possible to carry out comparative evaluations in a great number of countries. IRC should rather try to combine within one project countries that demand a (part of the) study and that represent different types of socio-economic, cultural, technical<sup>1</sup> and political settings.

The question of who should be involved in comparative evaluation studies was also raised. Non-governmental organizations are in general better suited for a community participation approach which combines broader development objectives with technical and sector plan objectives.

But in the present situation, where national governments have the ultimate responsibility in the sector, the cooperation with government agencies must be given priority. This approach does not preclude including large scale participatory programmes of NGO's in national appraisals.

With regard to the international organizations involved in comparative evaluation a wish was expressed that others carry out similar studies in countries where IRC is not involved, and that a close cooperation be maintained.

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<sup>1</sup> For a further discussion of the relationship between community participation and education and the type of technology see point 3 of this chapter.

The discussion also touched upon the way in which comparative evaluations are to be carried out. Initiation should be on the request of a national government. An outside rapid appraisal could serve also to contact suitable persons in the countries concerned for the self-evaluation of the various programmes. Thus, social experts in water and sanitation can be identified and the development of social expertise within the existing programme agencies can be furthered.

## 2. Cost-effectiveness analysis of community participation and education

There is little information on the true cost of community participation components. Actual figures on costs and cost savings are lacking as are convincing analyses. Costs to agencies have often not been analyzed: e.g. costs for staff may be omitted where the staff responsible are functionaries who are paid from other government funds. Neither have the costs to the various population groups been analyzed systematically.

Closely related to cost evaluation is cost appraisal. In countries like Tanzania with very meagre recurrent budgets there is a question whether they can support a special extension team. Should costs be reduced by linking with maintenance and if so can maintenance personnel be trained in community participation? Should we everywhere be trying to train a new agent, a combined promotor/health educator/sanitarian/maintenance man (a barefoot engineer), as in the Agua del Pueblo project<sup>1</sup>, or does this really only seem feasible in the Central American context where there are perhaps few institutional counter-pressure?

### Discussion

The meeting identified the issue of costs of community participation as the issue with the highest priority in evaluation. As much information should be collected as possible on this topic unless it can be shown to managers of water supply and sanitation services that investments in community participation will issue in savings, they may not be willing to spend the funds from slender budgets necessary for personnel training, transport and supervisory support.

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<sup>1</sup> In Guatemala and El Salvador. A large-scale voluntary agency project.

It was also thought that when it is known what the short term costs and the longer term benefits of community participation are, donor organizations will be more interested in supporting the formation of teams for promotion and participatory maintenance. At present, most donors are not willing to bear any recurrent costs<sup>1</sup>. These costs are a great burden for the national agencies. No consensus was reached on the necessity for donors and lenders to assist also with recurrent costs. On the one hand giving gradually diminishing support to maintenance over a restricted period of time was advocated. On the other hand it was argued that governments should only take on the number and type of projects that can be maintained by the parties involved. Assistance to the formation of a community participation and education service in one form or another would be an intermediate solution.

### 3. Technology and community participation

It may be predicted that one development which will take place in the analysis of community participation in the next few years will be a closer understanding of its relation to particular technical features of the water supply and sanitation systems. We have tended to approach analysis in terms of socio-cultural settings (to "explain" that what may work in one place won't work in another). It may be that the first level of explanation should be simply in terms of the type of supply - itself of course a matter of economic as well as technical considerations.

Frequently mentioned is the contrast between the "Latin American" provision of house connections and the "African" standposts or handpumps, which are public supplies. It is the technical contrast which is crucial to efficient use of voluntary labour in construction: i.e. it is where house connections are to be provided, rather than in Latin America as a cultural area, that it is possible for the water agency to control the labour, since each beneficiary knows that his individual labour contribution is taken into account in the rates he will be charged for water or in whether he can expect to get his house connection.

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<sup>1</sup> It took much effort, for example, to convince CIDA to assist in well maintenance in Upper Region, Ghana, 10 years after the completed construction.

Where only public supplies are to be provided, there have to be other mechanisms for control (perhaps community control, but still control) of the labour contributions. Only at this point do socio-cultural considerations such as local power and authority patterns need to be taken as crucial.

A second obvious example concerns the amount of unskilled and semi-skilled labour needed in construction. The digging of trenches (as in Malawi) lends itself to community labour, because large amounts of unskilled labour are required and the whole community can turn out. At the other extreme (within the sphere of simple technology) hand-drilled wells require only a few men for short periods. So the typical technology needed in a certain region will be a major factor in determining the emphasis to be given to voluntary labour in construction within a participatory programme.

It is not only a question of construction, however. In maintenance, a close relationship should be recognized between, for example, the type of handpump to be used and the type of community participation feasible for its maintenance: one might say that the more participation the agency can expect, the cheaper (and less sturdy) the handpump need be, at least in some situations.

Research may be needed in developing an approach which can clarify these interrelationships.

Another point may be raised concerning technology - the interplay between the factors which must be taken into account with the aim simply of ensuring adequacy of the water supply (including its good maintenance and uninterrupted operation) and the factors which reflect perhaps more important general goals of economic and social policy, such as employment and the aim of developing people rather than things. These goals would lead to a policy of favouring local, labour-intensive manufacture which may be organized through national agencies for support to village industries, cooperatives etc. - this may be regarded as another form of encouragement for community participation.

The priority which may be seen as likely to emerge in this connection is for the development of national programmes integrating community participation

in planning, maintenance etc. with encouragement of intermediate<sup>1</sup> technology and providing for community (or local) participation in the manufacture and development of appropriate technology.

### Discussion

The meeting agreed in general that the relationship between technology and community participation deserved more attention. The thesis that the type of technology determines the amount of voluntary labour for construction and the mechanisms to control this labour drew no further comments. It was pointed out that the matter of ownership (private or public supply) is even more important for participation in maintenance. With a public service everyone wants everyone else to pay. Another point raised was the varying technical capacity for maintenance in the community.

The choice of the technology therefore also depends on the forecast of what will happen to it in future. If the community wants to get a water supply, its terms, including payment for maintenance must be negotiated. If there is no capacity for maintenance in the agency or community, either the sturdiest technology must be chosen or the local capacity developed.

The thesis about the link between a more general economic and social policy and the choice of technology was found more difficult to accept. It was stated that physical conditions and density of settlement are the most important factors in the decision on the type of technology and level of service.

Against this it was agreed that the choice of the general technology does not include the type of the equipment that will be used. When for instance wells have been decided upon, one can go from the rope-and-bucket system via locally (regionally) produced handpumps to the sturdiest, imported capital intensive handpump.

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<sup>1</sup> Intermediate in terms of the capital-labour ratio, between (1) the technical solutions conventionally used by water agencies, and (2) local traditional solutions.

This choice will depend on the general socio-economic policy and the institutional framework for maintenance.

The bottlenecks of transport and the sometimes still necessary imports were seen as an important practical limitation to the regional production of intermediate technology equipment. An advantage attributed to this approach was its gradual character. This fits in better with the idea that if the Decade goals are to be achieved an upgradable process is needed, rather than jumping immediately to the highest quality of service.

A further question is the balance between technology that is appropriate to participation by a population and that policy is effective in producing health and social benefits.

## B. INNOVATIONS IN INTEGRATED ACTION

### 1. Health education

While innovative approaches to preventive health activities and health education are being developed and given institutional support by WHO and the international health community, the approaches still adopted by national agencies in the field are much more hierarchical: a matter of top-down communication through mass media, posters, and lectures conveying precepts about what the people should do. This situation reflects the hierarchical nature of societies with wide differences in income, wealth and status.

Village health worker programmes offer some hope of circumventing these constraints because among other reasons, the VHW programmes are often implemented by a cadre of trainers aware of the value of an approach through dialogue.

There is important scope for the integration of community participation programmes in water supply and sanitation with village health worker programmes not only around the approach toward health education and sanitation, but also around the role the village health worker can play in operation and maintenance of the water supply.

### Discussion

Educational programmes should be part of any water supply and sanitation programme. A distinction was made between user education for optimal operation and maintenance (mostly public behaviour), and health education for better hygiene (mostly private behaviour). The main topics discussed were the necessity for control mechanisms and the most appropriate agents for health education.

As a possible control mechanism, the stimulation or development of social norms within the community was brought forward. e.g. by having suggested the community take a collective decision or to have a representative committee do so.

The meeting agreed that the village health worker is the best agent for participatory health education, although in some cases integration in e.g. home improvement or women's programmes can also be considered. There was no unanimity on the role of a community organization, e.g. a health committee. It was suggested that such an organization might be made responsible for introducing health behaviour changes. It was also suggested that the health worker should be responsible but that he/she would plan, implement and evaluate the local health education programme with the committee. A totally opposite view was also expressed: the rejection of the idea of a committee, but the use instead of mass media, health workers and school health education.

The meeting agreed on the necessity to pay much more attention to the health education of children, including attention paid to mothers and older siblings. The integration of health education for water and sanitation into primary education was also stressed.

Finally, the question of health impact studies of water supply and sanitation projects was raised. Some participants thought that health impact studies are a waste of money. Others considered that in general, health benefits of water supply and sanitation projects are not achieved because community participation and education inputs are insufficient initially, the wrong type of health education is included or it is not sustained long enough.

## 2. Sanitation

The need is to move from an emphasis on latrine-building to a broader approach in which there is discussion with the community on the detail of ways in which faecally-transmitted diseases<sup>1</sup> may be transmitted in their environment, so as to work out with the community a programme of actions on several aspects of sanitation and hygiene; then to motivate the community to carry out the programme.

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1 Also schistosomiasis and guinea worm.

The emphasis on latrine-building alone exists in part because it is simply easier. It is also more visible, and so lends itself to administrative checks on efficiency of staff. It provides recognizable targets.

#### Discussion

Whether latrines should be introduced on a large scale or whether health education (e.g. for handwashing with soap) is enough depends in part on the population density. A very serious constraint to the introduction of any sanitation improvement is its cost. In some cases even the introduction of hand washing with soap is impossible as people cannot afford soap (or there is not a regular supply). The installation of latrines also further complicates the questions of use and maintenance of the facilities.

It was considered in the summary that the involvement of the community in the planning of a technical and/or educational sanitation programme is essential.

### C. ORGANIZATIONAL CONSTRAINTS

#### 1. Lack of interest in planning with the community

A major constraint, always recognized informally but rarely formally, is the lack of interest in community participation on the part of water supply implementors. There is resistance to doing more for villagers, bringing them into planning over questions on which the implementing agency would find it hard to accommodate their wishes. The tendency is to offer only a limited range of choice, if any.

#### Discussion

The meeting attributed the limited involvement of communities in planning to the instrumental rather than developmental goals for community participation often held by agencies responsible for water supply.

Community participation is one of the tools of the manager to achieve his agency's objectives (rapid construction without obstruction of local people, lower construction and recurrent costs, etc.). Developmental goals such as the acceptance of better water use and hygiene patterns in the community and an increased village capacity for problem analysis and problem solving or emancipation from poverty are remote to him. He will frequently therefore offer a limited number of choices to official leaders or interested households in a limited period of time. Another common situation is that more than one agency/sector is involved, each with its own goals for community participation, e.g. the policy makers with health goals, the technical agencies with production goals, donor agencies with maintenance goals and other agencies (community development service, university institutes for rural development) with development goals.

It was asked to what degree the different goals should and can be merged. The meeting agreed that in many cases instrumental goals have the highest priority but concluded that in the individual programmes we must try to go beyond these limited goals to the broader development goals. A suggestion made to help programme managers was that social scientists develop different packages for such a multi-purpose approach, attuned to the different technological programmes and types of communities.

## 2. Community participation and administrative set-up

Can one have community participation within existing administrative set-up? One constraint is the multitude of agencies involved in drinking water supply and sanitation, each with a limited sphere of responsibility. This constraint makes it difficult to respond to particular village needs identified in a participatory process. Thus a domestic water supply agency may not be able to respond to village needs for water for economic purposes because this is not included in the policy or because there are no mechanisms for inter-agency cooperation. Often too, it cannot or will not incorporate health education beyond the question of protection of the water source. In urban areas, the water agency "cannot" provide water or sewerage to fringe areas where the policy of the urban planning agency is to move the people elsewhere. There is a clear need for mounting a challenge to such institutional rigidities.

A second constraint is that of administrative control. It is questionable whether the development of an approach which is flexible and open to planning with the community is compatible with an administrative system which provides detailed targets and budget line items for its staff as the means of ensuring that the work is planned, completed, and supervised.

Related to this is the problem of ensuring that agency staff are committed to representing and acting on behalf of communities, particularly the weaker sections - the tendency in countries with sharp local class divisions is for community participation to be seen idealistically as concerned with the poor majority, but interpreted in practice in the field in terms of the interest of the local dominant groups.

A third, more specific question is that of the administrative locus or organization for the promotion of community participation. Among the possibilities are:

- (a) To establish within the water agency a section (extension unit) which will take charge of community participation and liaison with communities generally.
- (b) To establish such a unit for liaison on water, within a community development agency.
- (c) To set up new procedures activating local government organizations for water activities.
- (d) To integrate primary health care provision with small water supplies, e.g. involving village health workers in water supply maintenance.
- (e) To introduce more participatory approaches within existing water agency divisions, for construction, maintenance, etc.

Whatever model is adopted, it must be accepted by all the organizations involved in the general programme. In any case, there will be a large need for training. One major constraint which is likely to be felt is the lack of skilled people for the senior promotion roles.

#### Discussion

In the discussion several examples of institutional rigidities were given. In one country a department of Rural Hydraulics was responsible for planning

the drinking water supply programme but the Ministry of the Interior implemented it, each department pursuing slightly different goals. The separation between urban and rural water supplies has caused the supply lines of the respective projects to cross and recross each other in the same area. Such a split of responsibilities will negatively affect the degree of participation.

The question of the type of administrative control was thought to be closely related to the reward system. When the managers are rewarded based on the number of systems built, they will see community participation as a nuisance. When rewards are based on numbers of systems in operation and on patterns of use a change of attitude towards community participation is more likely. This point was also brought forward with regard to donor and lending agencies. They work within limited time frames and budgets, and fixed numerical targets to be achieved. Reorientation of donor agencies too is therefore essential.

In this context, the meeting also pointed out that project management should allow sufficient time and manpower for community consultation before technical implementation is started. It is usually the other way around. Targets are set in such way as to make the management start with the technical aspects. Consequently, the community participation process is delayed and has to be buried, thereby losing much of its strength. When funds lapse at the end of the budget period, pressures on the management to build systems and rush community participation are exacerbated. To allow for a longer period for community consultation it was suggested that the primary health workers begin the process of education and consultation on water and sanitation everywhere, whether the villages concerned are getting a project or not. By the time the actual project commitment comes down the community will then have already had an opportunity to consider options.

Other types of involvement of primary health workers were discussed under the various organizational set-ups for community participation. The danger of overburdening the local health workers was pointed out, although adaptation of training, and the limitation of water and sanitation tasks to the smaller villages, could make a difference.

### 3. RECOMMENDATIONS FOR JOINT PLANS AND ACTIONS

#### A. RECOMMENDATIONS FOR PROJECTS AND STUDIES

##### 1. Programme development and evaluation

An increasingly large number of studies and project reports have shown that community participation can be a valuable part of drinking water and sanitation programmes. Many countries therefore want to develop their own participation programmes within the existing administrative and socio-cultural context. Some past experience with limited types of participatory approach usually provides a basis for this undertaking. The first step for the development of a participation programme will therefore be an appraisal of the existing situation with regard to:

- the past and present use of participatory techniques,
- the institutions which could collaborate in further development of participatory approaches,
- the functioning of the facilities in the existing programmes for rural water and sanitation,
- the range of techniques and approaches required to achieve rapid extension of coverage within available resources,

Based on the outcome of the appraisal, a national participation programme can then be developed and tested on a small scale. It is suggested that a main focus of international action should be support for such national appraisals and programme planning. The meeting recommended that IRC carry out a limited number of such studies, preferably in countries representing different types of socio-political settings, to allow for more general, comparative research.

The meeting also stated that an essential element to be built into any participation programme is its evaluation. There is a need for more hard data on the direct effects of community participation on maintenance of installations and especially on project costs, as well as the costs of participation itself.

Within the context of a comparative study, such evaluations are also recommended in the countries where community participation programmes have

functioned for some time already, but where no or insufficient statistics on its effects have been published. A special recommendation was to include a case of mandatory participation (e.g. Peru).

The meeting agreed that the highest priority in all evaluations is for data on the instrumental effects of participation, e.g. on costs, coverage and maintenance. Evaluation should not stop here, however, but also take into account developmental goals, such as the stimulation of self-reliance and the fair distribution of burdens and benefits, and the effects on other development areas.

## 2. Support to information and training

After the implementation of a comparative study the meeting saw IRC's continued function as an information centre for community participation as a second priority. Its general tasks are the collection, categorization, analysis and diffusion of information.

Specific information tasks agreed upon include the collection and selective dissemination of:

- a. News of new initiatives and developments, including project proposals.
- b. Reports giving fuller information than previously available on existing programmes.
- c. Appraisals and evaluations of existing programmes.
- d. Development of a roster of organizations with expertise and training capacities in community participation and education for water and sanitation, at international and national level<sup>1</sup>.
- e. Summary of training material developed in one country which might be of use to others. Of particular interest in this respect are promotion manuals and detailed directives to staff on community participation and education. It was also suggested that IRC use its general experience to comment on newly drafted manuals.

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1 For this purpose a joint project of WASH and IRC is under development.

f. New writings containing valuable theoretical approaches or practical suggestions, in any form from cyclostyled sheets to books. Two possible topics for new publications are:

- An inventory of participatory aids and methods, i.e. already existing educational materials and methods that facilitate the involvement of the community in planning, implementation and evaluation of local health education programmes for better environmental health conditions and behaviour.
- Guidelines for self-evaluation. These will assist in the writing of more detailed project reports and the identification of shortcomings and possible improvements in participation.

It was emphasized that the greatest need is for practical material. Target groups the IRC should direct itself to in the first place are planners, programme managers and trainers of trainers.

The meeting held the opinion that there is no need to set up a special network for information on community participation and education, but that IRC should emphasize cooperation with existing organizations in this field (e.g. AMRE<sup>1</sup>, INADES<sup>2</sup>, BERPS<sup>3</sup>, EWDA<sup>4</sup>) and related general and specific information networks (e.g. POETRI<sup>5</sup>, AHRTAG<sup>6</sup>, ACHAN<sup>7</sup>). Emphasis was laid on the exchange of information with other sectors of primary health care.

Two specific suggestions made on the distribution of information material were the use of additional commercial channels and the charging of a nominal fee for publications; the latter would help finance the information system and stimulate the actual use of the material.

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1 African Medical and Research Foundation, Nairobi, Kenya.

2 Institut Africain pour le Développement Economique et Social, Abidjan, Ivory Coast.

3 Bureau d'Etudes et de Recherches pour la Promotion de la Santé, Kangu-Mayumbe, Zaïre.

4 ENDA: Environnement et Développement du Tiers-Monde, Dakar, Sénégal.

5 Programme on Exchange and Transfer of Information, IRC.

6 Appropriate Health Resources and Technologies Action Group, London, England.

7 Asian Community Health Action Network, Hong Kong.

The meeting also emphasized that the information services should be supplemented by assistance to training. Suggested activities are:

- a. identification of national training institutions capable of or already experienced in water-related training for community participation<sup>1</sup>;
- b. assistance to the incorporation of training in social aspects in engineering and other technical training and refresher courses;
- c. special orientation and training courses for community participation and education fieldwork for technical staff, promoters, local health workers, or other community workers to whom these tasks will be delegated.

Several participants pointed out that to allow any real participation, a non-traditional setting in training may be necessary rather than the top-down approach likely to be used if, for instance, health centre staff act as trainers. Also essential is the subsequent organizational support of participatory workers. If the water engineers are not ready for this, innovation, they should not be the ones responsible for the participation programme, but alternatives (separate line-responsibilities, community workers responsible to community organizations or intermediate - voluntary - organizations) should be studied.

### 3. Relationships between Technology and Participation

The meeting recommended that IRC and other organizations working on community participation in water and sanitation study more directly the relationship between community participation and technological choices.

There are many interrelationships between physical conditions, settlement patterns, type of technology and community participation. A piped supply, for instance, allows more labour participation to reduce construction costs than a drilled tube well. But the availability of this labour depends on the population density, the socio-economic conditions, the organizational resources, the type of ownership of the facilities, etc. These interrelationships have not yet been studied explicitly. The health implications of various technologies appropriate to community support possibilities need study as well.

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1 To be part of the roster of organizations mentioned under 2.d. of this chapter.

Special projects within this general context can be:

a. Intermediate technology and national programmes

A research study in one or two countries on the relationship between community participation and technology: A focus on recommendations for appropriate technological choices in a country pursuing a participatory approach to rural water supply provision, would be followed by a pilot programme in one area before extension to national level.

b. Self-reliant approaches

National workshops to plan the stimulation of self-reliant approaches to water supply improvement and sanitation among people who will not be included in the present planned and ongoing government programmes. People living in very small communities and dispersed farmsteads for example are often not served by special programmes. For these people programmes can be contrived that inform and assist them with suitable technical solutions that they implement themselves<sup>1</sup>.

c. Handpump maintenance

Case studies of organizational set-ups for handpump maintenance with varying types and degrees of community participation involving different types of handpump, and evaluation of cost-effectiveness of each case: A special recommendation is to include a case or pilot study on an outside maintenance unit for a number of shared community facilities, e.g. oilpress, cooperative tractors, handpumps. The studies would be carried out by a team of an engineer and a social scientist.

#### 4. Roles of the health sector

The meeting saw two specific roles for the health sector in drinking water supply programmes. One role would be the integration of - participatory - health education and sanitation as suggested on pages 40-42.

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<sup>1</sup> A suggestion in this direction made by Mr. R. Williams, PAHO representative for the Caribbean, is to organize a mobile do-it-yourself exhibition with additional demonstrations. This does not allow for some technical assistance, however. One could consider training extension people in these areas for this purpose, or involve a technical agency for some minimal assistance.

Another one would be the integration of water supply construction and/or maintenance and primary health care, through village health workers (and their supervisors) being trained in the simple water technology appropriate for their areas.

For these purposes two activities were suggested:

a. Workshops and pilot projects on health education

- . Regional workshops on methods and estimated impacts of health education activities built into participatory water supply and sanitation programmes.
- . Discussion of the need and potential for a linkage between drinking water supply and sanitation and participatory community programmes for locally specific, ongoing health education and sanitation.
- . Testing of cost-effectiveness of alternative health education approaches (mass information versus community participation approach) in one or two selected countries.
- . Investigation of the roles primary education can play in water, sanitation and health behaviour projects and programmes.

b. Training of village health workers for additional technical tasks

- . A pilot programme in one or more countries specifically directed to the integration of primary health care with rural water supply construction and/or operation and maintenance<sup>1</sup>.
- . Training of village health workers trained in simple water technologies found in their villages, with the individual courses adapted to the regional and local conditions.
- . Evaluation of experiences in terms of:
  - the success of inter-ministerial cooperation;
  - the workload of village health workers (relation between the population covered, time they have available, and technical requirements for water system maintenance); possible negative consequences for attention paid to other tasks;
  - willingness and success of male and female village health workers in carrying out technical tasks;

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<sup>1</sup> Interesting experiences are already going on in Lampong Province, in northern Thailand, and in Chocó and Urabá Provinces in Colombia.

- combination of the demand for a career structure with the continuity of the local workers;
- acceptance by villagers of female technicians;
- whether their preventive health work, especially in water-related diseases, is more successful than in villages where the village health worker does not maintain the supply.

### 5. Study of urban fringe issues

In the 1950's there was one city in the third world with 4 million people. Now there are 16, and at the end of the Decade there will be about 26. For the urban migrants settling in low-income neighbourhoods and squatter communities, drinking water supply and sanitation are frequently a great problem. Community participation and education can also play a role here, as some of the meeting participants have experienced<sup>1</sup>.

Its approaches will however differ considerably from those in rural areas. Until now, no separate study has been made of community participation and education in low-income urban areas. The meeting therefore recommended a study of the literature and field visits to selected Drinking Water Supply and Sanitation projects/programmes in low-income urban and urban fringe areas, resulting in identification of possible CEP methods and strategies for different demographic, socio-political and technological settings.

### B. THE FUTURE ROLE OF THE COMMUNITY PARTICIPATION ADVIOSRY GROUP

The Advisory Group on Community Participation comprises representatives of institutions, whose common aims are to enhance the understanding of how to go about community participation and to promote the incorporation of a participatory component in water supply and sanitation programmes and projects. The meeting addressed itself in the first place to the activities which the members of the Group might or should pursue individually or through their different organizations, and to the activities which might be undertaken jointly.

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<sup>1</sup> E.g. in Douala, Cameroon, and Calcutta, India

Secondly it discussed the role of the Advisory Group as such. In general it was agreed that the Advisory Group should serve as a forum for the exchange of information and that it should make possible a greater coordination of the actions being taken internationally and at country level in the field.

Four overall areas of activity were discussed:

1. Support to national programmes, including cooperation in planning, in appraisal of participation in existing projects, and in field testing of new approaches.
2. Support to training, including the identification of training opportunities and cooperation in training courses at (sub)regional level, for manpower responsible for community participation and education in water and sanitation.
3. Promotion of research and evaluation on community participation and education, including the identification of ongoing research activities and research priorities and the stimulation of evaluation as a part of every programme or project.
4. Transfer and exchange of information on community participation and education, including the provision of a reference and referral service for countries, international and bilateral organizations and the regular publication of general literature reviews and specific case studies.

It was decided that the Advisory Group will meet periodically, to review what community participation and education activities have been carried out by the individual countries and international and bilateral organizations, to list remaining questions and identify priorities and gaps, and to recommend special activities. These meetings should lead to a better coordination of and cooperation in work on community participation and education. It should also ensure that the work is focused on real problems and that a better understanding is gained of successful and unsuccessful methods and strategies of community participation and education. First hand experiences provided by participants from selected countries with interesting programmes will add to the value of such a review.

As such, it was decided to send a short summary of the meeting discussions and recommendations to the Steering Committee for Cooperative Action for the International Drinking Water Supply and Sanitation Decade.

In addition, it was decided that IRC would produce a more extensive report of the meeting and publish it after it has been reviewed by the group. The hope was expressed that the wider distribution of the published results of this first review will stimulate other individuals and groups to take up some of the questions on community participation and education that are not yet looked into or demand a wider study. The exchange of information on such initiatives through the members of the Advisory Group, or directly through the International Reference Centre, will help to avoid overlap and allow the strategy of information between similar projects in different areas of the world.

The group also decided that its members will stimulate the mutual exchange of information on community participation and education among their organizations and enlist their support for specific joint activities, both in general reference work and in particular country-level activities.

Community Participation as Part of the Water and Sanitation for Health

by Mr. D. Donaldson and Dr. R. Isely

Background

The United States Agency for International Development (USAID), the sponsor of the WASH project, is committed to the promotion of innovative water and sanitation programmes which can be operated, maintained and financed with available local resources and are acceptable within the local culture. The level of service provided any community must, to the greatest extent feasible, be such that the community can operate, maintain, and repair the system given available human, technical and financial resources. For these reasons AID supports research and development programmes to address the socio-cultural aspects of water supply and sanitation.

The WASH Project was begun to provide a technical resource to USAID in a broad range of disciplinary areas related to water supply and sanitation in rural and urban-fringe areas of developing countries, in effect to catalyze present and new projects to action on each of several fronts: technology transfer, training, information sharing, community participation, and the promotion of health and social benefits from USAID Missions and Bureaus. These request may originate, however, with host country governments, private organizations, universities, and research institutes. To date requests have been received from over 30 countries. Technical assistance teams have gone out to countries throughout the third world to assist projects in the field, attend conferences, and design training programmes. In most, if not all, of these tasks there is at least an incipient need for attention to community participation. Several examples will serve to illustrate this point:

Examples:

## 1. ECUADOR:

A WASH team consisting of two engineers went to Ecuador in early 1981 to study the institutional aspects of the national water supply and sanitation plan in order to recommend changes in the USAID Project Paper. The plan calls for a target of 30 percent accessibility for potable water and 30 percent for excreta disposal among rural populations by 1984. These goals are to be achieved through 400 projects each to be implemented using community participation. The responsible institution is IEOS (Instituto Ecuatoriano de Obras Sanitarias) which falls nominally under the Ministry of Health. Responsibilities for rural water and sanitation are dispersed across three directorates. Urban and rural programmes are intertwined.

The WASH team studied the bottlenecks preventing IEOS from meeting its goals.

Bottlenecks to effective community participation include lack of trained personnel, lack of transport, lack of a rural focus in the IEOS, orientation to a too sophisticated technology, and endless bureaucratic delays in getting projects approved.

Strengths of the IEOS Programme

Despite these many bottlenecks, most of them can be overcome. The IEOS programme has some strengths which many developing country programmes lack. One of the most important of these is the strength of the Juntas Administradores de Agua Potable of which there are at the present 131 in the country. These Juntas are legal entities with strict laws and regulations, which regulate their activities with respect to the operation, maintenance and collection of water consumption fees. The Juntas also are required to cooperate with the IEOS personnel in establishing and organizing health and hygiene education sessions better to prepare the community members of the use of potable water. The main objective of the Juntas is to effectively obtain the community participation.

Every Junta is comprised of five members (President, Secretary, Treasurer, and two alternates). These members are elected for a period of two years by popular vote.

They can be reelected for a second term. Six different types of forms are used to record the information concerning the various types of activities (ranging from recording the money collection to purchasing orders). The water consumption rates are established by the IEOS based on calculation of operation and maintenance costs.

#### Community participation

Closely allied with the strength of the Juntas and the basis for their success is the spirit of community participation which is inherent in most areas of Ecuador.

The custom of joining forces (known as MINGA in Ecuador) has been the backbone of community action for the common good of the rural village for centuries which makes it comparatively easy to organize a community for a cooperative water supply and sanitation project with full community participation. The person who cannot provide labor or material pays the equivalent of his share in the community effort.

This long history of community cooperation is probably one of the reasons why Ecuador has been able to obtain such a large percent of community contribution to the cost of its rural water supply and sanitation project. 18.12 percent of the investment in rural water supply systems from 1975-1978 was provided by the communities involved. Most of this was contribution in kind.

Community participation continues after the projects are completed in caring for the projects and in paying for their operation and maintenance. This Minga spirit probably contributes to the fact that the majority of the rural systems constructed by IEOS are not only paying for operation and maintenance but also have a bank balance to provide for repairs and extensions.

#### Promotion and Promoters

Another element in the success of the IEOS rural water supply and sanitation programme is the use of active promotion of the project from before the time that construction is to be undertaken, through the construction phases and then continuing after the system is in operation.

This includes assistance in setting up the Administrative Committee, training its members as well as the system operation and then periodic checking of the administration, operation and maintenance of the system. The promoter is the liaison between the provincial office of IEOS and the community.

Promotion is carried out not only by the promoter, but also by the Provincial Engineers. They also provide some health education, but their efforts are as a supplement to the major health and hygiene efforts of the health educators of MOH and IEOS.

The promoter has a number of responsibilities such as to:

1. Motivate and instruct the communities on the benefits of safe water supply and sanitary excreta disposal;
2. Promote and help set up Water System Administration Committees;
3. Carry out socio-economic, sanitary and other types of surveys;
4. Give short courses on the various aspects of environmental sanitation;
5. Help to organize participation for the construction and maintenance of water supply and sanitation systems;
6. Act, when necessary, as assistant to the sanitary engineer;

The required qualifications for a beginning promoter are:

1. High school graduate with emphasis on education or the humanities;
2. A course in environmental sanitation and community development. Higher levels of promoters require some related experience and require additional duties.

#### WASH Recommendations

The WASH team recommended that all these functions be enhanced in the context of a USAID Project to three of the twenty IEOS regions.

Emphasis will be on establishing a rural water and sanitation focus, training a broad cadre of personnel, providing vehicles and repair shops, and simplifying management procedures. This project will make use of a systematic approach to overcoming bottlenecks in IEOS:

1. Establishment of a list of communities where the programme is feasible;
2. A pre-feasibility study involving a visit by an engineer to these communities;
3. A socio-economic study;
4. A topographic survey;
5. Project design;
6. Promotion and community participation;
7. System construction;
8. Supervision of the administrative committee.

To make possible the implementation of these activities, an incentive plan is envisaged in order to correct the various "bottlenecks" described in paragraph 1 and which are responsible for the IEOS Provincial Head Office's low production yield. The Incentive Plan proposes to aid in overcoming the administrative-type obstacles which are encountered. Also it created a stimulus for personnel to produce more and with better quality. By overcoming these obstacles and obtaining a better yield from the personnel, government agencies can save money. However, to accomplish this, additional money is required.

The additional money required is assigned to two areas: a) to complement operational expenses of the implementing provincial units; and b) to establish a determined amount to be paid as an extra salary or bonus to all personnel at the provincial level.

The first is especially needed during the last months of the fiscal year when the budgeted amounts have been practically depleted. Frequently, it occurs that just because of the lack of a few dollars the necessary items needed for the completion of the project are not obtained or the travel money cannot be obtained for the engineer to go out and supervise the construction.

In order for the Incentive Plan to yield maximum results, the following is required: a) for the IEOS to have an adequate organization with effective administrative procedures and good strict supervision; b) for the personnel at the central level to provide the efficient cooperation required during project review and approval process, and to expedite the delivery of the required materials in the province.

## 2. DOMINICAN REPUBLIC:

The AID Mission in the Dominican Republic requested the WASH Project to help prepare a health education plan as a component of the Health Sector II rural public health project. The Health Sector II project is characterized by active community participation which was initiated under a Health Sector I project. Health committees and health promoters in each community provide basic health services, to community residents and communicate the community's health-related concerns to government agencies. The Wash Project personnel working in the Dominican Republic devised a health education framework which relied heavily on the existing community participation mechanism and promised to improve community participation in each community.

An agency of the government public health department will implement the health education plan, but will rely on communications from the communities themselves for the content of the education programme. In this way needs recognized as important by the community will be addressed through the health education programme. Several community members will participate in periodic workshops planned by the government agency. The community members will obtain useful information for community members not participating in the workshops and, in turn, will bring up for discussion in each workshop specific health problems in the community, organizational problems and communication difficulties. The success of the programme depends chiefly on the personal commitment of the community members and agency personnel to improve living conditions in the rural villages.

The prospects for success are very good. The people living in the rural communities of the Dominican Republic appear to be candid, confident and eager to help themselves.

### 3. BURUNDI:

Two WASH personnel, a public health physician and an environmental engineer, and an AID engineer spent three weeks in Burundi evaluating the UNICEF water supply project. This project which emphasizes a low technology, low maintenance spring capping method has been successful in capping over 650 springs since November 1979. The success of the project depends in large measure on the cooperation of the dispersed population of sous collines to contribute labor and materials to the spring capping. This cooperation is obtained by the communal administrators through party and administrative structures at both the colline and sous colline levels.

Fontainiers (spring-capping technicians), one per commune, are trained in both spring-capping and community mobilization techniques. Requests for spring capping are brought through party and administrative officials to the communal administrator. In periodic joint party/administrative meetings, these requests are listed in priority order. Fontainiers surveyed had from 40 to 150 request to be filled.

### 4. ZAIRE:

One WASH staff member was sent to Zaire to review a project of primary health care about to be implemented. Water supply and sanitation are scheduled to take a prominent part in this project and community participation in the form of village health committees with village health workers take a key role among project strategies. It was strongly advised that advantage be taken of the long standing relationship to surrounding communities of most of the mission hospitals that feature in the Project in order to identify dynamic villages where these efforts can begin. It is reasoned that desired spread effects can be achieved in this way.

## 5. MALAWI:

WASH was asked to prepare a paper synthesizing practical ways to evaluate community water supply and sanitation projects. The purpose of the paper was to guide those planning the evaluation of the rural water supply extension project about to get underway. In considering evaluation methods, factors related to community participation had to be taken into account since community participation had played such an important part in the 1967-1981 gravity fed water systems and promises to play an equally important part in future extensions. The following evaluation questions were proposed based on a survey of the literature:

1) The design of the system and its cost

- How many different types of designs exist?
- How many projects of each type fail to give satisfactory service, and why?
- Is any type of design giving better service than the others and why?
- Would it be worthwhile to improve any particular type of design, and how?
- How much do these systems cost to install and can this be reduced?
- When will the systems need replacement or overhaul?

2) The operation and maintenance of the system

- What maintenance is needed; is it provided, and how?
- Are these systems appropriate to the material and personnel resources available for constructing and maintaining them?
- What are the recurring operational and maintenance problems presented by the technologies used?
- Are there appropriate policy and organizational arrangements for dealing with system operation and maintenance?
- Which are the cultural, social and administrative features of a village that impinge upon operation and maintenance?
- How much does operation and maintenance cost?
- How much can users contribute to the operation and maintenance of systems?
- How much can the government contribute?

The next component under consideration is the performance of the project. Under this heading come at least two evaluation topics:

1) Water collection and use

- Are the facilities being used (correctly)?
- Who uses them and how often?
- Where and when are they used?
- How much time is spent in doing so and how much distance traveled?
- How is water transported and stored in the home?
- What is water used for?
- Did the presence of the new system change old patterns of water use and personal hygiene?
- What are the non-domestic uses of water, and how much is used and when?

2. Water quality

- How does the quality of water differ with new sources?
- How does this quality change as water moves from the sources to use?

Finally, there is the broad topic of project impacts. What are the health, social, economic, and "administrative" outcomes of the project. This is actually the more traditional focus of evaluations. Under this heading, at least four topics should be emphasized.

1. Health Outcomes

This area is extensive and technically involved. A global consideration of this topic should include at least the following generic questions:

- How much disease in the study area can be ascribed to unsatisfactory water supply facilities?
- What is the impact on health of existing systems and what might be the impact of new (improved) systems?

## 2. Social/Organizational Factors

- What has been the impact of the project on village life, including aspects of agriculture, commerce, education, communication, and social, family, and political relationship?
- How can one account for the state of the functioning, use and maintenance of the project, especially in terms of local management, authority, and initiatives?
- What effect on the interrelationship among various levels of governments has the project had, especially in terms of education, communication, and behaviour?
- What are the rules and regulations that govern the use of the facilities?
- What are priorities for access and use among and within villages, and how are these regulated?

## 3. Economic Factors

- How much has been paid for the project and by whom?
- How equitable is the pay (if any) within and among villages?
- Are there any problems associated with payments?
- What are the effects of these projects on local, regional, and national economics?
- How do these effects vary with type of system?
- How can these effects be modified?

## 4. Administrative Aspects

- What effects have the projects had on the national, regional, and local administrative capacity and interrelationship, especially with regard to:
  - . policy making and planning?
  - . financing?
  - . legal aspects?
  - . programming and implementation?
  - . operation and maintenance?

#### 6. CAMEROON:

WASH was asked to prepare a synthesis paper on methods found to be useful in training rural development workers in health education. The workers in question are involved in the Mandara Mountains Water Resources Project which is part of a larger rural development project in that region of the country.

The authors of the paper reviewed the relevant literature on training content and methods. They recommend a broad based generic training in community organization techniques emphasizing five sets of skills:

1. Social diagnosis;
2. Social and behavioral change facilitation;
3. Epidemiology of water and sanitation related diseases;
4. Support system maintenance and resource-linking;
5. Evaluation.

An experiential problem-solving format for training is suggested, in which a minimum of didactic teaching is carried out and a major emphasis is placed on active participation in real problem solving.

#### 7. BANGLADESH:

A WASH staff member visited this country in March 1981 and produced an assessment of activities in the water and sanitation sector. One recommendation is that attention be given to both ground and surface water in the search for permanent sources of safe water and that sanitation be incorporated into the programme, as difficult as such an undertaking may be. Neither surface water solutions nor sanitation programmes, however, are possible without active community participation building on old traditions of respect for clean water sources.

## Summary

In the brief history of the WASH Project community participation has been frequently encountered in both rural and urban fringe areas as an important if not an essential part of water supply and sanitation programmes. Where it has not been explicitly cited as a consideration in project planning, implementation or evaluation, the project has been frequently of such a highly technical nature so as to overlook participation or the technicians have not been sensitive enough to the issue to recognize how it impinges on other aspects of the work. In any case, the sample of cases cited above is probably representative of 75% of the projects for which WASH has been asked to provide assistance.

It remains for the Project to develop a sufficient resource for dealing with the multiple community participation related issues that arise. This resource would serve both to sensitize and guide WASH technicians as they assist USAID and host country personnel in the countries, and to provide specific means of enhancing on-the-ground water supply and sanitation projects. This collaboration in the IRC Advisory Group is viewed as an important way for WASH to extend as well as to share its resources.

Some aspects of Cameroon's plan for a participatory approach in rural development: Water Supply and Sanitation Programmes

by A.W. Ndonyi, Director of Community Development, United Republic of Cameroon.

A. CURRENT INVOLVEMENT AND BACKGROUND EXPERIENCE

In historical and current events, the socio-cultural patterns of rural Cameroon tend to generate communal participatory action. Evidently, this situation is relatively easy to understand, considering the prevailing community spirit rooted in the extended family system, ethnicity, and the national image. However, this positive assessment can not be made without taking into consideration the negative trails of the colonial past, and with particular reference to forced labour and the subjugation of traditional leadership. Furthermore, Cameroon at independence inherited parallel development strategies and structures from its former French and British administered sections of the country. A case in point are the Rural Animation and Community Development programmes which have already been blended into a single structure and service of government under the umbrella designation of Community Development.

The current practice of community development is guided by its operational policy developed in 1964, and further re-legitimized by a Presidential decree issued in 1976. According to this decree, the Directorate of Community Development is charged with major responsibilities for:

- elaborating and diffusing policy in the field of human investment and rural animation;
- the organization of village communities and the implementation of socio-economic projects therein;
- the implementation of technical programmes and projects related to community development, and fostering community development professional training;
- the processing of international or external assistance for community development.

In effect therefore, what has been articulated, elaborated, and projected as a medium and longterm plan of action for Community Developemt is a "participatory" involvement.

## B. NATIONAL PLAN FOR COMMUNITY DEVELOPMENT

The conceptual goal, purpose and projected description of the national plan for Community Development is contained in a separate document annexed to this summary presentation.

In view of the very limited time at our disposal, I would prefer to introduce only some of the highlights of the plan. However, the draft plan document is available for examination.

These highlighted areas of the plan are apparently possible leverages toward effective and efficient community education and participatory development.

They are to:

1. Conduct comprehensive village studies and provide village profiles within the framework of social science research

Already, the 5th 5-year National Development Plan sets a target to prepare a directory of villages in the country as a concrete step toward the location or siting of Village Centres, a concept of the 4th 5-year National Development Plan.

As a contribution toward the attainment of this important target, Community Development staff in collaboration with the Department of Sociology of the Yaounde University, and the National Research Institute of Human Sciences, shall embark on village studies and to establish village profiles to enhance the preparation or design of integrated water supply and sanitation projects in village communities.

2. Project the sub-division or district which is the nearest administrative unit to village communities, as a culminating point for the integrated development of village communities

3. Facilitate and accelerate community education and popular participation nation-wide, by establishing Community Education and Action Centres (CEACS) in all administrative divisions of the country

The main focus of the CEACS is education for problem - solving and self-reliance purposes within the context of non-formal or experimental education.

4. Professional rural development by designing undergraduate and graduate programmes in community development and related fields

This is intended to provide the needed attractive academic and professional ladder for youths in particular so that they may choose careers in rural development. Such action would require a concrete step, viz. setting up the Higher Institute for Rural Development previewed in the 5th 5-year National Development Plan.

5. Launch a National Recognition Programme similar to other national programmes such as the contest for the best maintained and productive individual or collective farm or stock breeding

The Community Development Recognition Programme Concept is adapted from the Missouri State Community Betterment programme which offers annual awards to deserving communities. It is intended to serve as an incentive and as an accelerator of the Community Development participatory process of development, considering that Cameroon Village Communities are relatively competitive in terms of achievements.

6. Evaluate the participation of the elite in community development with particular reference to water supply projects

An inventory will be made of all elite ethnic groups in the country with a view of assessing the degree of their participation financially and in advisory terms (lobbying) for assistance to Community Development projects.

7. Inventory existing cultural, traditional and social groups for women throughout the country and determine their openness for women's education toward increased participation and leadership in development programmes

8. Consolidate international assistance for community development by institutionalizing the Cameroon Community Development Coordinating Committee (CCDCC)

This mechanism fosters necessary collaborative efforts between international and some national agencies, and Community Development.

9. Set up flexible and simple administrative/management system which provides for the participation of village communities

10. Harness International assistance for Community Development

The intention is to mobilize efforts toward selecting the best international professional talent for project design and execution, whilst accelerating training for Cameroonization by the year 2000.

C. SOME MAJOR CONSTRAINTS REQUIRING ATTENTION

1. Severe lack of coordinated efforts in sectoral programmes such as:
  - food and nutrition
  - rural water supplies
  - rural animation
  - rural roads

There are too many uncoordinated agencies intervening in the rural sector; furthermore, the existing Development Planning Committees are not sufficiently effective coordinating mechanisms.

As a solution, the 5th 5-year National Development Plan stipulates the creation of appropriate coordinating mechanisms at all levels.

Above all, a Supreme Council for Rural Development is to be set in motion principally to conceive, sustain, and harmonize government's action in rural development.

2. Lack of funds for timely implementation of slow sand filtration water systems. This constraint is further aggravated by the fact that in spite of the will and determination of the villagers to raise funds for their projects, their low incomes can not provide for timely budgeting and action.
3. Lack of sufficient trust and respect between host country and some international agencies which is necessary to provide for a flexible implementation programme.
4. Lack of adequate pre-project communication between policy level staff of host government, key executive staff also, and international agencies.

5. Lack of full joint planning and improved project design within the country. Under the circumstances, it is necessary to consider rural and urban linkages as a continuum rather than a dichotomy.
6. Lack of joint project evaluation, feed-back efforts and replanning within the country.
7. Lack of information on the counter-productive elements of the integrated approach to rural development.

In conclusion, it is note-worthy that the IRC activities are consistent with the programme goals and priorities of the Cameroon Government. However, considerable efforts are still necessary to further refine the methodologies and strategies involved. This task demands a clear understanding of what the rural world wants, and the plans and inputs made or proposed. If participation is a democratic virtue, then it must remain a more necessary virtue in development efforts.

ANNEX to the presentation of Mr. A.W. NdonyiNATIONAL PLANNING FOR COMMUNITY DEVELOPMENTGOAL

The overall goal for this project is to increase the income, productivity and welfare of rural populations and to expand their participation in national development.

PURPOSE

The purpose of the project is to assist the Government of Cameroon in planning a national community development programme designed to make a significant impact on the basic needs of rural populations.

PROJECT DESCRIPTION

This project provides support for the preparation of a comprehensive plan for the Department of Community Development to extend its activities from their former base in the North West and South West Provinces to the five other provinces of the country. The planning to be carried out by the project supports the Government's policy to encourage popular participation in Cameroon's development programmes. The Department of Community Development has successfully fostered participatory development in Western Cameroon by the deployment of Community Development Assistants, the establishment of village Development Committees, and through training programmes for village leaders, non-formal education programmes for villagers including special programmes for women, and the implementation of a large number of local self-help projects. Activities of this nature are now being initiated by the Department in all parts of Cameroon.

To help plan the extension of Community Development activities on a sound and orderly basis, the project will form a planning unit in the Department of Community Development. The unit will be led by the Director of the Department and will be composed of other senior officials of the Department and a four-person team of advisors provided by the project.

The programme planning unit is expected to complete the following functions during a period of fifteen months:

Define the objectives, scope, and target populations of a national program for community development, based on analyses of rural needs and conditions in each province and an analysis of constraints to rural development.

Coordinate the activities of the Department with other rural development services and private voluntary organizations.

Determine the community development methodologies appropriate to the eastern and northern portions of the country, based on studies of social and cultural patterns in those areas.

Determine how the Department may expand programs to help increase agriculture productivity and strengthen rural-urban linkages, in addition to its current social welfare and rural infrastructure activities.

Analyze personnel and financial requirements and the cost-effectiveness and recurrent costs for a national community development program.

Plan programmes and facilities for training community development staff and village leaders.

Prepare plans for expanding and integrating community development programmes for women, giving emphasis to activities that will help increase women's economic productivity and incomes.

Develop criteria for self-help projects and plan technical and logistical requirements to support their construction and maintenance.

Review the administrative organization of the community development programme at all levels and propose methods of decentralizing authority, funding and support systems for local development projects.

Plan programmes for monitoring and evaluating community development activities and for improving the flow of information to and from the village level.

The sum of these studies and planning activities will be a comprehensive plan for a national community development programme, which is the purpose of this project.

#### CONSULTATIONS, MEETINGS, AND SEMINARS

Project personnel will consult with officials of other Government agencies and private voluntary organizations concerned with community development to explore how rural programs may be better coordinated. These consultations will be arranged by officials of the Department of Community Development.

Department officials will also arrange meetings with Provincial Development Committees in order to adapt proposed community development activities to the particular needs and conditions of each of the seven provinces.

The project will support a series of seminars to be arranged by Department officials with representatives of local organizations and institutions. These seminars will provide a means for the beneficiaries of the community development programme to express their viewpoints and to participate in the planning process. Funds are also provided in the project for a national seminar to which the project's final comprehensive report and recommendations to the Government will be presented. The final report will include proposals for consideration by external agencies to assist in the implementation of a national community development programme.

A quick review of water supply programmes in Tamil Nadu, India  
 (with special reference to the UNICEF Handpump project)

by Dr. Prem Chandran John

The problem

Out of the fifteen districts of Tamil Nadu, ten are drought prone, where water scarcity prevails when monsoons fail. The villages are divided into three categories on the basis of the acuteness of the problem:

1. (very acute and acute) - where people have to walk a minimum of one km to get drinking water / where existing water sources are meagre;
2. endemic - where cholera is endemic (existing water sources are polluted);
3. inadequate - villages where scarcity of water is present during summer months.

The Directorate of Rural Development on the basis of a survey has identified 4,916 scarcity, 2,230 endemic and 11,814 inadequate villages in Tamil Nadu.

Work done until now

The Rural Water Supply programme has been in operation for four decades now, with a total expenditure of Rs 350 million up to 1974-1975. Out of this only 29.3% was spent in the first 25 years. In the next 3 years 28.1% was spent and in the last 4 years 42.6%.

Various agencies are involved in the execution of the programme and they do not often cooperate but compete with each other and thus waste scarce resources. TWAD, Tamil Nadu Water Supply and Drainage Board set up in 1971, the Directorate of Rural Development and the Harijan Welfare Department, are all engaged in rural water supply using differing criteria.

The TWAD Board now coordinates three different schemes i.e., (1) UNICEF, (2) Accelerated programme from Government of India funds on a special budget and (3) the newer National minimum needs programme in which the above two are now merged.

### Constraints

- (i) Lack of coordination between various implementing agencies.
- (ii) Lack of proper planning and programming.
- (iii) Improper grading and improper selection of villages.
- (iv) Wrong priorities (Programme is simultaneously carried out in all districts without giving importance to drought prone areas)
- (v) Improper choice of areas for drilling (for reasons other than technical i.e. local politics, communities's views not taken into consideration, etc.).
- (vi) Lack of maintenance.

All the above points are made in the evaluation report of rural water supply programmes published in July 1976 by the State Department of Evaluation and Applied Research, Madras.

### The UNICEF Programme

This was started in 1971 with the objective of drilling 8850 tube wells in 5 years. Since then, this objective was modified (in 1975-1976) to cover 25,000 deep bore well handpumps. Its scope was further broadened by adding:

1. Soakpits to control mosquito breeding (control of malaria).
2. Construction of sanitary latrines (7000 in the districts of Tirunelveli and Kanyakumari) and
3. applied nutrition programmes including teaching of nutrition and immunization schemes.

Under this programme, priority has been given to the maintenance of handpumps already installed, by training and using community volunteers known as pump caretakers. These caretakers, usually bicycle mechanics, small shop owners, etc., near whose home the pump is installed, are chosen by the Block Development Officer and are given training by the Directorate of Rural Development for 2-3 days in the

maintenance and small repairs of hand pumps. They are given a spanner and a screwdriver (wrench) with which they can repair the five common breakdown problems that have been identified and checklisted. If they are unable to fix it, they fill in a pre-stamped postcard with a checklist of possible breakdowns and post it to the Block Office where there is a full time pump 'fitter' (who also makes periodic visits to all pumps under his jurisdiction). Problems that cannot be fixed at this level are referred to the Executive Engineer (Power and Pump maintenance), TWAD Board, at the District Head Quarters.

#### A short review of this process

In an effort to review the UNICEF handpump programme, I had discussions with the following persons (23 people involved with the programme and 60 users from 3 communities):

- |                        |  |
|------------------------|--|
| 1. Mr. Ramnath C. Dore | Resident Representative UNICEF,<br>Southern India Legislators Hostel Annex, Government Estate, Madras - 600 005    |
| 2. Mr. Perumal         | Joint Director<br>Directorate of Rural Development, Government of Tamilnadu, Madras - 600 001                      |
| 3. Mr. Francis         | Deputy Director<br>Directorate of Rural Development, Madras - 1, and<br>Director, UNICEF Handpump training project |
| 4. Mr. Hasan           | Director   |
| 5. Mr. Lakshmi Kanthan | Deputy Director<br>State Evaluation an Applied Research Department Kuralagam, Madras - 600 001                     |

#### The Block Development officers of

- |                      |  |
|----------------------|--|
| 6. R.K. Pet Block )  | of Chingleput District                                 |
| 7. Tiruttani Block ) |  |
| 8. Ikkadu Block )    |  |
| 9. Mr. Venkatesan    | Pump fitter<br>R.K. Pet Block<br>R.K. Pet - 631 303 TN |

### Impressions:

Mr. Francis

Has personally trained 5000 pump caretakers in 5 districts. 2 districts (Kanyakumari and Tirunelveli) have been covered in full). So far 100 blocks have been covered. His theme of training is "Protected water as an instrument of Health" and envisages pumps as only a component of a total health programme. Feels that the three tier system is working well (showed me many letters from his trainees and his monthly newsletters in Tamil).

The Block Development Officers and the Block Pump fitters  
also feel that the three tier system is working well till now.

## The pump caretakers

without exception, all said that they are happy providing free service to the community and will "maintain" their interest in keeping the pump working. They have a stock of postcards, know how to mark the checklist, are able to identify the five common problems and fix them, and have the simple tools provided by the Block Development Officer.

## The pumps

12 pumps visited. All have cement run offs (but draining on to the road!). All are in working order (average existence - 6 months).

9 were sunk in spots chosen by the panchayat president. Average depth 140 feet.

Yield - good.

4 pumps had over 20 women with vessels to collect water at the time of the visit.

5 pumps had over 10 women.

3 pumps had 3 women.

#### The community

All the 60 people I spoke to were happy with the installation of the pumps, used them for drinking water purposes only and were happy with the yield.

8 people complained that the pumps were situated too far away.

6 people complained they had to wait too long.

#### Conclusions

The UNICEF handpump programme in Tamilnadu is a novel method of using community resources in pump maintenance. The three tier system seems to be working well so far. The community pump caretakers were well motivated, trained well in diagnosing and repairing simple problems and expected no returns. Since all pumps visited were rather new (about 6 months) they did not require much time by way of maintenance yet.

It will be interesting to study this process in depth after a while to see how well the three tier system continues to work and whether the pump caretakers continue to provide "community participation" at this level.

WHO/SHS Activities for Community Involvement in Primary Health CareSummary

by Dr. E. Kalimo

In response to the magnitude of global health problems, the World Health Assembly, composed of delegates representing the Member States of the World Health Organization, decided in 1977 that the main social target of governments and the World Health Organization should be the attainment by all the people of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life. This target is popularly known as "Health for All by the Year 2000". The International Conference of Primary Health Care, jointly sponsored by the World Health Organization and the United Nations Children's Fund and held in Alma Ata, USSR, in 1978, stated that primary health care is the key to attaining the goal of health for all by the year 2000 as part of development in the spirit of social justice. Following this, a global strategy was formulated, and it was adopted by the World Health Assembly in 1981. The Strategy describes the broad lines of action to be undertaken at policy and operational levels, nationally and internationally, in the health sector and in other social and economic sectors to attain the above goal.

The purpose is to develop the infrastructure as well as the necessary technologies of the health systems so as to remove the basic obstacles to health. While it is necessary to reorganize the health system to be supportive to community based primary health care, the three prerequisites of primary health care are: community involvement, appropriate technology and multi-sectoral approach.

Community involvement is understood to refer to a process to establish participation between government and local communities in planning, implementation and use of services in order to increase local self-reliance and social control over health care. Community involvement means that people, who have both the right and the duty to participate in solving their own health problems, would have greater responsibilities in assessing the health needs, mobilizing local resources

and suggesting new solutions, as well as creating and maintaining local organizations.

Self-reliance of the community and social control of the health system are the conceptual cornerstones on which community involvement is built. Although the main responsibility should be shared by the communities in the spirit of self-reliance with appropriate co-ordination with the supportive health services of the government.

Although community involvement is an old concept, its significance has been stressed in the Global Strategy for Health for All by the Year 2000.

Community involvement is therefore more than a means of supporting primary health care; it is seen as a parallel end itself, since adequate primary health care can not exist without sufficient community involvement.

Consequently it has been considered to be timely to intensify activities of the WHO Division of Strengthening of Health Services in support of community involvement in primary health care, in collaboration with all other WHO activities aiming at the development of health systems based on primary health care.

One of the first tasks undertaken in the WHO Division of Strengthening of Health Services has been the preparation of a global review of trends and constraints in community involvement in primary health care mainly in developing countries. This report is expected to support the promotion of the concept of community involvement in primary health care by sensitizing the countries to the need for community involvement and by furthering the political credibility of community involvement in primary health care. Technical collaboration is sought with countries for the development of the infrastructure for primary health care by support to the development of operational plans for community involvement, by support to the implementation of the above plans, and by support to the evaluation of community involvement in primary health care.

It is expected that the global promotion of community involvement would contribute to the preparation of regional and national plans for encouraging community involvement, and this is expected to lead to the implementation of functional mechanisms for community involvement in primary health care in countries.

Access & Participation Research Group, Leiden University, Institute of Social and Cultural Studies

During the last 2½ years, a team of five development sociologists has made a qualitative analysis of participatory development projects. Data were culled from descriptions in the literature and collected during field work periods. Research was partly funded by the Dutch Ministry of Development Cooperation. Participatory development projects were defined as projects having an income-generating aspect, an organizational aspect, and an educational aspect, though not necessarily simultaneously started. Participation was defined as upward influence on decisions, that is, political. Furthermore, participation was regarded by us as a means, not an end in itself.

Attention was given to various specific problems, to wit:

1. The process of participation of the project group (i.e. the organization of clients of the project). This includes the mobilization phase, the first action phase and the consolidation phase. (Main researcher: Mrs. H.Y. Buys)
2. The role played in such projects - and the necessary adaptations - of promoting agencies, be they government agencies or non-governmental organizations (NGO's). (Main researcher: Dr. B.G. Grijpstra)
3. The implications and possibilities of creating a participatory sector, through the enforced or voluntary transfer of surplus funds (profits) from successful project groups to others or to some investment fund. For short, we speak of the oil-stain effect. (Main researcher: B.F. Galjart)
4. Somewhat independently, an attempt is being undertaken to construct a typology of rural local communities, that could provide us with indications about propitious and difficult social situations for the promotion of participatory projects. This research was done on the basis of monographs. (Main researcher: Drs. L. Boer).
5. A brief case study of the Tanzanian experience. (Main researcher: Dr. L. van Vroonhoven)

We are finishing the first version of our report to the Ministry. During the two years, a number of papers on various aspects of participation was produced. In general we have found that

- . given enough promoting personnel, it is possible to carry out a successful local project. Mrs. Buys describes in detail what should be done, what not.
- . However, building up a participatory sector, or even replication on a wide scale, is another matter. Hesitation or even disinclination on the part of governments, dysfunctional procedures by government agencies, and finally a certain contradiction between participation and accumulation at the group level are hindrances not easily overcome.
- . NGO's - which are in general small, highly committed, and unbureaucratic in their procedures - turned out to be better promoters than government agencies.
- . The poorest population categories are the most difficult and costly to reach.

Summary of current and planned IRC activities on Community Participation in Water and Sanitation

The main objective of IRC's activities in this area is to organize for and deliver adequate information and reference services both for countries and for the external support community.

Against this background the specific objectives include:

1. To keep up with experience in the field by (i) maintaining an ongoing review of new literature, (ii) maintaining contact with others active in the field, through the advisory group and attendance at expert meetings, and (iii) brief study visits to government and voluntary agency programmes and projects in developing countries which are of interest, e.g. those incorporating innovative ideas.
2. To support the development of participatory approaches in a small number of countries through country projects, especially within the framework of the inter-country CEP project and the Tanzanian CEP project. Voluntary agencies might be supported as well as national agencies.  
The type of support will depend on the specific needs of each country, but will generally include:
  - (i) assistance in the appraisal by the agencies of their past experience in CEP;
  - (ii) assistance in the development of further plans and procedures. This will often take the form of pilot projects. Understanding of the problems of implementation will also be enhanced through process evaluations, drawing conclusions from the experience in pilot projects which are assisted.
3. To support regional training and the sharing of experience between participating countries and with other countries through regional workshops. Manuals, etc. will be published where there is a need which can be met.

4. To share as widely as possible the knowledge gained through published analyses of project-generated and other experience in the field.

#### Background and work done

IRC began its work in the field of community education and participation (CEP) in 1977. The early results have been:

1. Publication of a bibliography and literature review, of which the current revised version<sup>1</sup> of the literature review is virtually complete in its coverage and by far the best source of information available on what has been written on the subject.
2. Publication of a monograph on concepts, strategies and methods.
3. Preparation of a guide for the design of a national support programme for community participation.
4. Annotated translation into English of selected material from Colombian manuals on the subject.
5. The incorporation of a CEP element into the work of the Slow Sand Filtration project.

The next stage has been the development of projects specifically in the field of community participation:

1. A project for the development of a community participation component in the Tanzanian rural water supply programme. Work on this project, funded by DGIS<sup>2</sup> began in February.
2. A inter-country project on community education and participation. Work on this project began with an explanatory visit to America (Mexico and Nicaragua) in August 1981. Pending final agreement on funding, provisional funding for 3 months of initial work has been agreed by DGIS.

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1 This 2nd revised edition will also be published in Spanish and French.

2 The Directorate-General International Cooperation of the Netherland's Ministry of Foreign Affairs.

Planned work for 1982

The major project is the inter-country CEP project, and discussions are still in progress with DGIS on the detailed proposals for this project, so plans must be provisional at present.

It is provisionally planned that after the preparatory phase more in depth appraisals will be completed, in 4 or 5 countries in the African region. The appraisals will be followed by the development and field testing of appropriate CEP models. In the course of 1982 also the field testing stage of the Tanzanian CEP project will be finalized.

## LIST OF PARTICIPANTS

|                             |  |
|-----------------------------|--|
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