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WHO/CWS/88.1  
ORIGINAL ENGLISH

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

INTER-AGENCY ROUND TABLE ON  
WATER SUPPLY AND SANITATION IN AFRICA  
Brazzaville, 15-18 December 1987

Report of a Meeting of Representatives of  
United Nations Development Programme  
United Nations Children's Fund  
World Bank  
World Health Organization

WORLD HEALTH ORGANIZATION  
GENEVA

February, 1988

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## ROUND TABLE STATEMENT

The International Drinking Water Supply and Sanitation Decade, 1981-1990, is a central concern of four members of the UN family: UNDP, UNICEF, WHO and the World Bank. Responsible managers from these four organizations met from 15 to 18 December 1987 at the WHO Regional Office for Africa in Brazzaville. This interagency meeting was an early response to the request of the Interlaken Consultation of External Support Agencies, held in October 1987. The Consultation proposed the elaboration of a framework agreement, involving bilateral and multilateral assistance agencies, the UN system, and NGOs, with a view to better coordination and a clearer strategy during the remainder of the Decade and the years beyond. An essential foundation for the new framework must be a close and continuing collaboration between UNDP, UNICEF, WHO and the World Bank.

Bearing in mind the priority assigned to Africa during the Interlaken Consultation, the first interagency follow-up meeting focussed on this Region. The meeting was attended by senior officials of the four agencies, who were in a position to:

- discuss their policies, their special concerns, and their intended approaches to Africa's water supply and sanitation problems;
- review collectively their ongoing and prospective activities in countries of the Region;
- agree on joint action in a number of specific cases in several countries, and
- work out procedures for regular consultation and continuing collaboration at the sub-regional and country level.

Following consultations with the countries concerned, the agreed activities will be set in motion and jointly incorporated in the work programmes of the four organizations for implementation in the coming months.

The success of the Brazzaville interagency meeting reflects the renewed determination of UNDP, UNICEF, WHO and the World Bank to strengthen the International Drinking Water Supply and Sanitation Decade partnership, with two purposes in view. One is to enhance their respective contributions and draw upon each other's comparative advantage in support of the development efforts of their member countries. The other is to provide a more effective coordinating mechanism through which the programmes and interests of bilateral assistance agencies, regional development institutions, other international organizations and nongovernmental organizations can be channelled and harmonized.

It was agreed at the meeting that there should be an exchange of views in the same spirit of cooperation as new initiatives emerge and that there should be a series of follow-up meetings in Africa. The first of these is tentatively scheduled to be held in Harare, Zimbabwe, for East and Southern African countries in 1988. Meetings will also be organized in other regions in 1988.

## SUMMARY OF RECOMMENDATIONS

### (a) Policy Basis

The meeting discussed the policy basis on which improved interagency cooperation would operate. It was, of course, recognized that each of the organizations involved was bound by its own rules and practices, but the hope was expressed that these could be applied flexibly in regard to such matters as exchange of information, work plans, notice of travel plans, copies of reports and pertinent correspondence. All agencies agreed that communications on agreed technical activities could be exchanged directly between the parties concerned, but that in all cases the appropriate head offices would be notified through copies of correspondence whether letter or telex. Likewise country representatives of the different agencies would also be kept informed of activities and missions, planned or ongoing, in the areas of their responsibility.

The framework for collaboration, ranging from the Steering Committee for Cooperative Action in the Decade at global level to the Technical Support Teams (TST) and National Action Committees (NAC) at country level, where these existed, should be used productively. Further, the suggestion that an opportunity to meet should be created twice a year for senior representatives of the four agencies represented, UNDP, UNICEF, WHO and World Bank, received support.

The central role assigned to the UNDP Resident Representatives at the country level was reiterated and the importance that the agencies keep them informed about their plans and activities stressed.

It was agreed that the agencies will submit the report from the Brazzaville Round Table to their representatives at the country level with a covering letter that stresses the responsibility of the country level staff to follow through on the agreements reached at the global and regional levels for interagency collaboration.

It is not practical to institutionalize the collaborative arrangements but they need to be monitored to ensure that the good intentions are translated into actions. It was agreed that the WHO/UNDP Coordinator for the Decade, Mr A. Rotival, should be the focal point for monitoring this follow-up process.

The meeting took note of the proposed WHO project on Decade Coordination Activities, to be funded by UNDP which would provide for more flexibility in the ways in which staff could be made available for jointly planned and executed activities in an inter-regional and inter-disciplinary manner.

### (b) Summary of recommendations from East and Southern Africa

The working group dealing with the countries loosely grouped as belonging geographically to East and Southern Africa, reviewed the ongoing and proposed activities of the respective agencies in these countries. It was agreed that, while several external support agencies were active in many of these countries, the scope of the meeting did not extend to an analysis of their

The Brazzaville Interagency Meeting is thus in one sense the culmination of a long tradition of cooperative effort in support of the Decade. The first joint meeting with bilateral donors at Konigswinter in 1984 was followed by the high level OECD/DAC meeting in 1985, and a succession of meetings involving developing country governments and regional development institutions in 1985 and 1986. These led directly to the Interlaken Consultation in 1987. In the meantime, the UN family's Interagency Steering Committee for Cooperative Action in the Decade was supplemented in 1987 by a series of periodic consultations among UNDP, UNICEF, WHO and the World Bank. In another sense, however, the Brazzaville Interagency Meeting is the first step in a new direction, which will lead to better integration of various components of the Decade programme, decentralized management authority, and hence new opportunities for closer and more effective collaboration where it counts - at the community, district and country levels.

inputs or plans. After discussion and recognition that there was active cooperation proceeding in a large number of countries in East and Southern Africa, it was decided to select for study initially the following countries where the efforts already made and the ongoing activities indicated a high possibility of early successful joint project developments:

Ethiopia, Kenya, Sudan\*, Tanzania, Uganda, Zambia.

The detailed findings of the Working Group are shown in Annex 4. A variety of areas were identified for immediate consideration by the agencies concerned. These included:

- sector strategy planning;
- manpower and resources mobilization;
- investment planning;
- implementation of rural water supply and sanitation programmes with components of health education and low-cost approaches.

(c) Summary of recommendations for Western and Central Africa

In similar manner to the Working Group described above, the countries of Western and Central Africa, selected from the countries in this geographical area as being appropriate for initial joint activity coordination planning, were the following:

Angola, Congo, Ghana, Guinea, Mauritania, Niger, Nigeria, Zaire.

Annex 5 shows the detailed findings of the Working Group in respect of these countries.

The same approach was taken with regard to the role of external support agencies (ESA) in the sector at country level in that, whereas their presence was noted in certain cases, no attempt was made to analyse or catalogue their inputs.

Among those areas identified for immediate consideration for joint cooperative activities were:

- human resources development;
- promotion of community participation and health education;
- review of sector Master Plans;
- formulation of implementation plans;
- support in the preparation of Decade Consultative Meetings;
- follow-up activities after these meetings.

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\* From WHO's point of view Sudan comes under the Eastern Mediterranean Regional Office (EMRO) in Alexandria.

## REPORT OF THE ROUND TABLE

## 1. INTRODUCTION

1.1 Background

Interagency cooperation among the members of the United Nations system has been greatly improved during the International Drinking Water Supply and Sanitation Decade - 1981-1990. There is, however, still room for improvement in cooperation at both country and regional levels among the agencies involved.

Early in 1987 Dr G. L. Monekosso, Regional Director, WHO Regional Office for Africa (AFRO), and Dr Kreisel, Director, Environmental Health, WHO, agreed to hold a consultation in Brazzaville with the World Bank Sector Development Teams established in Abidjan and Nairobi, so as to improve coordination in water supply and sanitation activities in Africa.

In response to the Interlaken Consultation in October 1987, it was agreed to expand the meeting by including representatives from UNDP and UNICEF. This would ensure participation of the four main UN agencies active in the sector, strengthen their collaboration during the last part of the International Drinking Water Supply and Sanitation Decade, and provide a firm cooperative basis for joint actions beyond the Decade.

Africa was selected for this special effort of cooperation because:

- resources are scarce and the need is great for efficient use of the limited resources available;
- national sector institutions tend to be weak with poorly developed strategies and plans for sector development and sustainability;
- service coverage, functioning and utilization of facilities is poorer than in most other Regions;
- World Bank Sector Development Teams have been established in East and West Africa;
- UNICEF has a large input in country programmes in Africa;
- WHO is developing new strategies for sector development through primary health care efforts at district level;
- the multilateral agencies concerned have agreed to make a concerted effort to improve coordination between themselves at country and regional levels.

1.2 Objectives and expectations

The objective of the Round Table was for the four agencies to identify opportunities and mechanisms for improved coordination and joint actions at the intercountry level and in specific countries.

Cooperation in water supply and sanitation beyond the Decade had been discussed among 23 External Support Agencies (ESAs) at an international consultation in Interlaken in October 1987. A commitment was then made to

strengthen collaboration among the international agencies with specific new initiatives before the end of March 1988. This Brazzaville meeting is an important step towards putting these intentions into practice and the meeting was expected to result in a fairly detailed plan for meshing the inputs of the agencies participating in the Round Table. Subregional meetings with representation from the governments concerned are likely to follow to further elaborate on the plans and to ensure that the intentions are followed through.

UNDP has recently signed agreements with the World Bank covering the extension and consolidation of the UNDP/World Bank Programme for water supply and sanitation. The Programme has successfully passed through a phase of research and development and is now focussing on broader dissemination of the technology and on supporting implementation programmes on a larger scale.

Another agreement is almost completed between UNDP and WHO to enhance the collaborative efforts of WHO with the other agencies and to mobilize WHO's resources at country, regional and headquarters level in a more flexible way.

A further expectation from the meeting was that the link between water supply and sanitation programmes and other health components of primary health care would be strengthened and that plans should be developed to reduce the morbidity of communicable disease including that caused by guinea worm.

### 1.3 Participants

The participants, listed in Annex 1, included senior representatives of World Bank, Washington, and the World Bank Sector Development Teams based in Abidjan and Nairobi, the UNDP/WHO Coordinator for the IDWSSD, Geneva, UNICEF, New York and UNICEF Regional Office in Abidjan, WHO staff from country level, subregional offices, the Regional Office for Africa, and Headquarters, Geneva. Representatives from the environmental health units of WHO's Regional Offices for the Americas and for South-East Asia attended as observers.

## 2. OPENING OF THE MEETING

The meeting was opened by Dr C. L. Monekosso, Regional Director, AFRO.

In his opening remarks (attached as Annex 2), Dr Monekosso stressed the importance of water supply and sanitation as components of primary health care. The target of Health for All by the Year 2000 could not be reached unless there were adequate water supply and sanitation services for the people. In spite of sincere efforts by the governments of African countries with support from the World Bank, UNICEF, UNDP, WHO and other external support agencies during the Decade, there was still a long way to go to reach that target. The difficult economic climate in the Region meant that the limited resources available to the sector would have to be used efficiently which in turn necessitated close collaboration among external support agencies and with governments.

Water supply and sanitation programmes in the African Region have been integrated with primary health care approaches and new strategies developed, focusing on the district level, through Inter-country Health Development Teams in the three subregions.

The Regional Director encouraged free and frank discussions between the participating agencies for the development of new directions in improved interagency cooperation for the coming years.

### 3. METHOD OF WORK

The meeting was chaired by Dr P. O. Chuke, Programme Manager, General Health Protection and Promotion.

The programme of work for the meeting was discussed, amended and adopted as attached in Annex 3.

Policies, activities, resources and constraints were presented by the participating agencies in plenary sessions which discussed expectations and sector problems to be overcome. Recommendations for collaborative and joint actions at the country level and at the intercountry level were also developed in three working groups.

### 4. POLICIES, ACTIVITIES AND RESOURCES AVAILABLE TO THE PARTICIPATING AGENCIES

#### World Bank

The World Bank had established Project Preparation Units in East and West Africa (in Nairobi and Abidjan) in 1983, with financial support from UNDP, and in 1985 they were transformed into Sector Development Teams. As the focus of the UNDP/World Bank Decade Programme shifts increasingly to broad-scale dissemination, a further evolution of the teams' role and responsibilities is now in progress. Henceforth, they will provide support to all components of the Programme in their respective regions, and will be known as Water and Sanitation Teams. They will be expanded in size to about ten staff in each team, drawing on support from UNDP, international and bilateral agencies. The new staff will be drawn from a variety of background, to ensure that each team has a mix of engineering, financial/economic, and social science disciplines.

Policy direction and technical backstopping will be provided from the World Bank headquarters. But the teams will have considerable management autonomy so as to encourage effective coordination among assistance agencies at the local level, and so as to ensure the Programme's flexibility and responsiveness to changing conditions.

At present, the team in East Africa is active in ten countries, while that in West and Central Africa has activities under way in twenty countries. Some of these activities are, and will remain, quite modest in scope. For while the services of the teams are provided for the entire region, most efforts will be concentrated initially on a relatively small number of countries -- perhaps three or four in East Africa and four or five in West and Central Africa. The lessons learned from mounting these national programmes in selected countries are expected to lead to broader and more effective coverage by the Programme in later years.

#### UNICEF

Development of rural water supplies has been among UNICEF's priority programmes since the start of the organization. The importance of improved water supply and sanitation services as components of child health is well recognized and established within UNICEF. The share to water supply and sanitation of the total UNICEF programme expenditure has increased from 3% to about 20% with a current annual expenditure level of about US \$60 million.

UNICEF is supporting water supply and sanitation activities in 40 countries in Africa with about US \$20 million per year. The bulk of the programme is directed towards rural water supplies with a trend of increasing allocations to sanitation and to urban poor areas. Out of the total UNICEF staff of about 4000, some 150 are involved in water supply and sanitation programmes. The field staff number 30 in West Africa and 15 in East Africa.

The most successful programme with UNICEF cooperation is in Nigeria where an integrated water supply, sanitation and health education programme was initiated in Imo State in 1981. Other components of primary health care have been incorporated and the programme has spread to other States. The programme has become a federal one with additional external funding provided by the World Bank through private banks in Nigeria.

Coordination with other international agencies has been greatly extended over the years and there is an increasing number of examples of good cooperation at country level. Problems related to low cost technology have largely been overcome, but there is now a need for further development of the "software" elements, the increased linkage with PHC and related health interventions, as well as with socioeconomic development, including the advancement of women through their full participation in the projects. Recognizing the importance of information dissemination as an essential part of the work at central level, it has been regretted that the newsletter "From the UNICEF Waterfront" has not been issued over the past year and a half. It is hoped to revive the newsletter in cooperation with the other three agencies represented at the meeting.

One of the remaining concerns in terms of internal programme management is the shortage of staff at the central level.

#### WHO

About US \$3.4 million or 6.7% of the biannual allotment (1988/89) for AFRO is allocated to environmental health programmes in the member countries. About US \$3.2 million of this is for Community Water Supply and Sanitation.

The environmental health staff of the Region number 18 with two at the Regional Office, one each in the three subregional offices and twelve at the country level.

An intercountry project on Community Water Supply and Sanitation (ICP/CWS/002) had been established in 1979 with three sanitary engineers under WHO regular budget. In 1983 UNDP had provided funds for three additional sanitary engineers and one financial analyst under the same project. UNDP support terminated, however, in 1985. In 1986 the ICP/CWS/002 received a new orientation when it was integrated into the newly created WHO Intercountry Health Development Team offices. The environmental health programme activities covered food safety, solid waste management and rural and urban housing, in addition to water supply and sanitation and integration with primary health care programmes. The emphasis of the multidisciplinary teams is on assisting member governments in the development of health services at the district level. This is an approach which is being increasingly adopted by governments.

Intercountry workshops on water quality surveillance and development of information systems have been conducted with support from WHO headquarters and external agencies.

WHO headquarters is about to enter into a project agreement with UNDP which will facilitate the provision of back-up support to the Regions from environmental health staff at headquarters and possibly also staff from other programmes. There will also be resources available for some intercountry travel for field staff. An important activity included in the project for improved country level coordination among external support agencies is the organization of Decade Consultative Meetings.

#### UNDP/PROWESS

On behalf of Ms Siri Melchior, Project Manager for the UNDP global project on the promotion of the role of women in water supply and environmental sanitation programmes (PROWESS), Mr Rotival described the progress which had been made so far.

The project is implemented in close cooperation with the World Bank and will provide support to the sector development teams. The project has also cooperative activities both with UNICEF and WHO, and country level activities are ongoing in Kenya, Lesotho, Rwanda, Sudan, Zambia and Zimbabwe.

There is scope for inclusion of additional countries in West Africa and a willingness to provide operational support to district level support programmes.

#### 5. SUMMARY OF SECTOR PROBLEMS TO BE OVERCOME

The representatives of the participating agencies were asked to identify which priority sector problems they were assisting governments to overcome.

An analysis of the information provided showed that high priority was given to the following problems by all agencies:

- (i) Weak national planning structures.
- (ii) Poor coordination of external support agencies.
- (iii) Inadequate community participation.
- (iv) Inadequate practical training.
- (v) Inadequate integration with health programmes.
- (vi) Lack of attention to urban slums.
- (vii) Inadequate attention to the important role of women.

The following problems were also stressed in particular by the representatives of UNICEF and WHO:

- (i) Lack of monitoring and evaluation.
- (ii) Inadequate decentralization.
- (iii) Inadequate attention to rural sanitation.

Annex 6 elaborates in summary fashion the nature of the problems to be overcome.

## 6. EXAMPLES OF ONGOING SECTOR COOPERATION BETWEEN THE AGENCIES

The main objective of the Round Table was to improve agency coordination and cooperation in the African Region. This is not a question of starting from scratch as there are many examples of cooperation that is already taking place.

A few examples of what can be done were mentioned and discussed. These include the following which are further elaborated in Annex 7.

- (i) Evaluation of project in Kwale District, Kenya.
- (ii) Environmental health component of primary health care in Embu, Baringo and South Nyanza Districts, Kenya.
- (iii) Development of methodology for evaluation of water supply and sanitation programmes and training materials for evaluation.
- (iv) Somalia sector work.
- (v) Involvement of women.
- (vi) Decade consultative meetings.
- (vii) Interagency cooperation in AMRO and SEARO.

## 7. CLOSING OF THE MEETING

Mr A. Rotival thanked the Regional Director on behalf of the participating agencies for having hosted and organized the Round Table in such an efficient manner. He read the Statement from the Round Table agreed to by the participants. The Regional Director thanked the participants of the meeting for their contributions and welcomed the strong emphasis on actions at the country level where the interagency collaboration must have impact. The goal of effective country level collaboration cannot be accomplished in one meeting. Follow-up will be necessary but this meeting has made a major contribution in that the direction has been staked out.

The Regional Director expressed his agreement with the proposal of a first follow-up through a sub-regional meeting in Harare.

## LIST OF PARTICIPANTS

## UNDP

Mr A. Rotival, UNDP/WHO Coordinator for the IDWSSD, Geneva

## IBRD

Mr J. Blaxall, Infrastructure and Urban Development Department, Washington

Mr G. Heyland, Manager, SDT/West, Abidjan

Mr L. Rasmusson, Manager, SDT/East, Nairobi

## UNICEF

Mr M. Beyer, Senior Policy Specialist, New York

Mr Ch. Hubert, Regional Adviser, West Africa, Abidjan

## WHO

Mr M. Acheson, Manager, CWS/EHE/HQ, Geneva

Mr G. Schultzberg, CWS/EHE/HQ, Geneva

Mr M. Gupta, Chief, PEH/SEARO, New Delhi

Mr R. Reid, Regional Adviser, PAHO, Washington

Mr Kabasha Lubuika, ICHDT/I, Bamako

Mr A. Kane, ICHDT/II, Bujumbura

Dr J. W. K. Duncan, ICHDT/III, Harare

Mr. D. Valery, ZAI/CWS/001, Kinshasa

## SECRETARIAT, WHO, AFRO, Brazzaville

Dr P. O. Chuke (PM2)

Programme Manager

General Health Protection & Promotion

Mr M. Koussitashev (PEH)

Community Water Supply and Sanitation

Mr Wong Pun Sze (RUD)

Environmental Health in Rural and

Urban Development and Housing

Prof. Y. Boganda (COR)

External Coordination

Dr D. Buriot (CDD)

Diarrhoeal Diseases

Mr. H. Ben Aziza (HED)

Health Education

Mrs. J. Morehead (HRM)

Health Resources Mobilization

ADDRESS BY DR G. L. MONEKOSSO, REGIONAL DIRECTOR OF WHO FOR AFRICA  
ON THE OPENING OF INTER-AGENCY ROUND TABLE ON COMMUNITY WATER  
SUPPLY AND SANITATION IN AFRICAN REGION, AFRO, BRAZZAVILLE,  
15-18 DECEMBER 1987

Dear Colleagues,

It is my pleasure to welcome you to the Regional Office of WHO for Africa to participate in the Inter-Agency Round Table on Community Water Supply and Sanitation in the Region. And through you, to extend our appreciation to the United Nations Development Programme, the World Bank, the United Nations Children's Fund, the WHO Headquarters and other Regional Offices of the World Health Organization, for accepting to hold this conference and for making it possible for participants to attend.

This Round Table assumes a very important dimension from this Region's standpoint in the light of the following considerations.

We, in WHO, have had in the past and are still presently having interesting and fruitful experience in working at global, regional and country levels, in close collaboration with our sister agencies in the United Nations Systems represented here today. A living example which springs immediately to mind is the collection of numerous cooperative actions pursued and being pursued in the context of the International Drinking Water Supply and Sanitation Decade.

In the framework of collaboration between WHO and other agencies of the United Nations System, UNDP as the focal point for the Decade at country level deserves special mention. It financed a considerable number of CWS projects at country as well as regional levels, with WHO as the executing agency.

Mention must be equally made about the WB/WHO cooperation activities undertaken in the early part of the Decade in the field of Sector studies, and the preparation of National Action Plans, among others.

Our collaboration with UNICEF in the sector has been carried out in many countries at operational level, mostly in rural areas.

All these are illustrations of long standing practice initiated many years before the launching of the Decade. In fact, the current Decade can be aptly considered as yet another framework in which to consolidate and enhance the joint endeavours towards achieving the common objectives.

With the Decade fast approaching the end of its term, and in spite of the considerable progress achieved in the CWS sector under the impulsion and drive provided by the Decade, we are still a long way from attaining the goals as set out initially, particularly in our Region.

A simple comparison of the estimated coverage at the mid-Decade and the targetted end-of-the-Decade coverage formulated by the countries themselves will highlight the gap yet to be bridged.

Concerning urban water supply, 65% coverage in 1985 against  
82% target in 1990  
rural water supply 25% against 46%  
urban sanitation 70% against 76%  
rural sanitation 24% against 51%:

From the figures mentioned you will agree that it is imperative that efforts be focussed in future years on the rural water supply and sanitation sub-sector if we are to act in line with the approach recommended by the Decade Steering Committee of which the Agencies you represent are active members.

Under the present conjunctural climate, the need for obtaining the optimum mileage out of the resources at our disposal in the face of the overall increasing demands, cannot be overstressed. This brings us to the rationale of organizing the present meeting, as a joint effort on the part of our Headquarters office and the Regional Office for Africa. It is appropriate here to express appreciation for the support we have had from our colleagues in the Headquarters and also to the Agencies you are representing to have responded favourably to our invitation to participate in the Round Table.

Opportunity is taken to outline the new structure which we have adopted in the Region, in an effort to accelerate the achievement of Health for All by the Year 2000 through Primary Health Care (PHC), of which CWS is one of the priority components.

This new structure is based on a linkage system between the Regional Office, Subregional offices and the Country offices. It lays stress on decentralising resources, with technical support of the Sub-Regional Health Development Offices, each staffed with a multi-disciplinary team to complement the impact of the programmes at country level. The three subregional offices, of which two have been operational since 1986, are located in Bamako, Bujumbura and Harare, for the West African, Central African, and East and South African subregions respectively.

Knowing well the enormous interest being displayed by all Agencies to bring to the underserved population in the Region the benefits of safe drinking water and sanitation with all the related positive effects on health and hence socio-economic development, we have the conviction that the Round Table will not only provide a useful forum for exchange of information about each Agency's activities and experience, both favourable and less favourable, in the implementation of the sector programmes, but will also elaborate a harmonized inter-agency approach to the CWS in the Region, as well as propose a plan of work for 1988-1989 for concerted and effective inter-agency actions.

I should like to conclude this short address by wishing all participants success in the work to which you will be devoting yourselves in the next few days.

Thank you.

PROGRAMME OF WORK

15 December 1987 - Tuesday

- 09.00-09.15 1. Opening by RD, Dr G. L. Monekosso
- 09.15-09.30 2. Background to the Meeting,  
Objectives and Expectations M. Acheson, WHO
- 09.30-09.45 3. Expectations from the Meeting J. Blaxall, World Bank  
M. Beyer, UNICEF  
A. Rotival, UNDP
- 09.45-13.00 4. Statements by Participants
- World Bank SDT, Abidjan G. Heyland
  - World Bank SDT, Nairobi L. Rasmusson
  - World Bank, Washington J. Blaxall
  - UNICEF, West Africa C. Hubert
- 10.45-11.15 COFFEE BREAK
- UNICEF, New York M. Beyer
  - WHO/ICHDT, Bamako Kabasha Lubuika
  - WHO/ICHDT, Bujumbura A. Kane
  - WHO/ICHDT, Harare J. Duncan
  - WHO/AFRO M. Koussitashev
  - WHO/Geneva M. Acheson
  - UNDP, PROWESS A. Rotival
- 15.00-17.00 5. Examples of ongoing cooperation
- Kwale Water Supply and Sanitation Project, Kenya G. Schultzberg
  - Environmental Health Component of PHC at District Level, Kenya G. Schultzberg
  - Development of Methodology for Evaluation of Water Supply and Sanitation Programme and Training Materials for Evaluation G. Schultzberg
  - Somalia Sector Work L. Rasmusson
  - Involvement of women G. Schultzberg
  - Decade Consultative Meetings M. Acheson
  - Examples from SEARO M. L. Gupta
  - Examples from AMRO R. Reid
  - Examples from AFRO (Zaire) D. Valery
  - Any other examples

16 December - Wednesday

- 08.30-08.45 6. Summing up of statements made during Tuesday
- Sector Problems to be overcome
  - Resources available to the Agencies
  - Resource Constraints to the Agencies G. Schultzberg

08.45-09.15 7. Framework for Inter-Agency  
collaboration R. Reid

09.15-10.45 8. Potential for Joint and/or  
Coordinated Action  
- Intercountry  
- Actions in Specific Countries

10.45-11.15 COFFEE BREAK

11.15-11.45 9. Preparation of working groups for Intercountry  
Actions and Actions in Specific Countries  
- Allocation to working groups  
- Discussion of Terms of Reference

11.45-12.30 10. Working groups meet

15.00-17.30 11. Working groups continue

17 December 1987, Thursday

08.30-09.15 12. Intercountry Actions  
- Presentation by working group  
- Discussion  
- Consensus

09.15-10.45 13. Actions in Specific Countries  
- Presentation by working group  
- Discussion  
- Consensus

10.45-11.15 COFFEE BREAK

11.15-12.00 14. Implications of consensus on existing CWS workplans  
- Identification of Agency Input

12.00-15.00 15. Preparation of Report

15.00-17.00 16. Discussion of Report

17.00 17. Closing of the Round Table

18 December 1987, Friday

Individual inter-agency consultations and meetings with  
Regional Office Staff.

WORKING GROUP I

SCOPE FOR INTERAGENCY COOPERATION IN EAST AND SOUTHERN AFRICA

1. Proposed interagency cooperation refers to the World Bank/UNDP Sector Development Team (SDT) - Nairobi, World Bank headquarters (WB), UNDP, UNICEF and WHO with following countries initially selected for consideration: Ethiopia, Kenya, Sudan, Tanzania, Uganda, and Zambia. It is recognized that other countries also have similar collaborative arrangements not only among UN agencies but also with external support agencies (ESAs) and non-governmental organizations (NGOs).
2. For the above-listed countries, ongoing and proposed activities presently undertaken by or through SDT and other UN agencies have been described with the potential areas for interagency cooperation identified.
3. Areas identified for immediate consideration by UN agencies and those ESAs involved include:
  - sector strategy planning;
  - manpower and resources mobilization;
  - investment planning;
  - implementation of rural water supply and sanitation and health education programmes based on low cost solutions.
4. The importance of the UNDP PROWESS\* programme is recognized by all agencies and is to be emphasized in the countries.
5. Ethiopia  
Ongoing (O) and proposed (P) activities:
  - SDT and UNDP will coordinate management of UNDP project (O);
  - SDT will prepare an Organizational and Management study with potential input by WHO on manpower resources development (O);
  - WB/SDT will finalize sanitation sector strategy report with review and comments by UNICEF and WHO (O);
  - WB and SDT will prepare a rural water supply and sanitation programme with review and comments by UNICEF and WHO (P);
  - SDT and possibly WB will prepare an urban water supply and sanitation programme (P);
  - SDT (handpumps) will establish a local handpump manufacturing capacity with input from UNICEF (O);

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\*PROWESS = Promotion of the Role of Women in Water and Environmental Sanitation Services.

- WB and SDT will prepare a rural water supply, sanitation and health education demonstration project with inputs of UNICEF and WHO (O);
- SDT will assist in the preparation of a potential Bank project for secondary towns with information on Project sent to CESI\*, WHO (O);
- UNICEF, with WHO input, will establish and implement methodologies and delivery systems for rural water supply, sanitation and health education projects/programmes (P);
- SDT and WHO will collaborate regarding the WHO executed (UNDP financed) project for Training of District Health Managers (P).

6. Kenya

Ongoing and proposed activities:

- SDT will prepare a position paper to be circulated to other agencies for comments and inputs (O);
- WB, SDT, UNDP and WHO will collaborate in the preparation of a Sector Strategy and Action Plan (SSAP) (P);
- SDT and UNDP will formulate a UNDP project (P);
- WHO and SDT will collaborate in the evaluation of the Kwale project (P);
- WB, SDT (handpumps) and UNDP will prepare a multi-purpose demonstration project (O);
- SDT will provide assistance in the development of a potential World Bank project (P);
- UNDP will request the Government to revive the National Action Committee (NAC) so as to address urgent activities such as the organization of a Decade Consultative Meeting (DCM);
- a closer working relationship will be established between SDT and WHO country sanitary engineer which could lead to a broader involvement of UN agencies (P);
- through the Kwale evaluation the scope for extended sector involvement of STD and other agencies will be explored (P).

7. Sudan

Ongoing and proposed activities:

- SDT will prepare a sector review for review and comments by WB, UNDP, UNICEF and WHO (O);

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\*CESI = Country External Support Information system.

- STD will prepare a sector strategy and action plan (SSAP) with inputs of WB, UNDP, UNICEF and WHO leading to the formulation of a UNDP project with subsequent implementation (P);
- STD and WB will prepare a sanitation sector strategy paper with inputs of UNICEF and possibly WHO (P);
- SDT and UNICEF will collaborate in the preparation of a rural water supply, sanitation and health education programme with inputs of WHO (P);
- SDT and/or WB will prepare an urban water supply and sanitation programme (P);
- SDT (handpumps) and UNICEF will explore the feasibility of local hand-pump production (P);
- SDT will provide assistance in the formulation of a potential World Bank project (P);
- UNICEF, with WHO input, will establish and implement methodologies and delivery systems for rural water supply, sanitation and health education projects/programmes (P);
- WHO/UNDP should assist in the organization of a Decade consultative Meeting (DCM) to take place by end 1988 with contribution from SDT/WB and UNICEF in preparation and follow-up (P).

8. Tanzania

Ongoing and proposed activities:

- SDT, WB and UNICEF will finalize a Sector Strategy and Action Plan (SSAP) (O);
- SDT, WB, UNDP, UNICEF and WHO will collaborate in the finalization of proposal on Sector Advisory Team (SAT) with agreement on financing (O);
- SDT and UNDP will formulate a UNDP project for implementation of the outcome of the Sector Strategy activity (O);
- SDT, UNICEF and WHO will participate in a workshop for operation and maintenance of rural water supply systems (P);
- SDT, WB, UNICEF and WHO will collaborate in the preparation of a sanitation sector strategy paper (P);
- SDT and UNICEF will prepare a rural water supply and sanitation programme with information to WHO (P);
- SDT and WB will prepare an urban water supply and sanitation programme (P);
- SDT will provide assistance in the formulation of a possible World Bank project with project information to CESI WHO (P);

- UNICEF, with WHO input, will establish and implement methodologies and delivery systems for rural water supply, sanitation and health education projects/programmes (P);
- WHO, SDT and UNDP will be involved in investment planning for water supply, sanitation and solid wastes collection and disposal systems for Zanzibar.

9. Uganda

Ongoing and proposed activities:

- SDT, WB, UNICEF and WHO will prepare a Sector Strategy and Action Plan (O);
- SDT and WHO will provide assistance in an organizational management and manpower development study (P);
- WB, SDT and WHO will assist in the preparation of an investment plan (P);
- WB, SDT and WHO will prepare a sanitation sector strategy paper (P);
- SDT, UNICEF and WHO will prepare a rural water supply and sanitation programme (P);
- SDT will provide assistance to DANIDA in project preparation and appraisal for rural water supply and sanitation (O);
- UNICEF, with WHO input, will establish and implement methodologies and delivery systems for rural water supply, sanitation and health education projects/programmes (P);
- It was agreed that wherever the UN agencies have resident technical officers, these would be intimately involved in effecting the desired collaboration and coordination.

10. Zambia

Ongoing and proposed activities:

- SDT, WB and WHO with the support of donor agencies (GTZ) will cooperate in the preparation of an organizational study (O);
- WHO, UNICEF and SDT will be involved in other PHC and EH activities of Government such as district level interventions and food safety programme (P).

WORKING GROUP II

SCOPE FOR INTERAGENCY COOPERATION IN WEST AND CENTRAL AFRICA

1. Proposed interagency cooperation refers to World Bank/UNDP Sector Development Team (SDT) - Abidjan, World Bank, headquarters (WB), UNDP, UNICEF and WHO with following countries initially selected for consideration: Angola, Congo, Ghana, Guinea, Mauritania, Niger, Nigeria and Zaire. It is recognized that other countries also have similar collaborative arrangements not only among UN agencies but also with external support agencies (ESA) and nongovernmental organizations (NGOs).

2. For the above-listed countries, ongoing and proposed activities presently undertaken by any of the above agencies have been described with the potential areas for interagency cooperation identified.

3. Areas identified for immediate consideration by the above agencies include:

- human resources development;
- promotion of community participation and health education;
- review of sector master plans;
- formulation of implementation plans;
- support in the preparation of Decade Consultative Meetings;
- follow up activities after these meetings.

4. The importance of the UNDP PROWESS programme is recognized by all agencies and is to be emphasized in the countries.

5. Angola

Ongoing (O) and proposed (P) activities:

- WHO planning donors meeting in Lisbon (April 1988) for Portuguese-speaking countries, financed by UNDP and GTZ. WHO, UNICEF, World Bank and UNDP will participate (P);
- In view of a recent epidemic of cholera a request for improvement in water/sanitation has been made to WHO. Request being followed up by WHO, will be taken up at the Lisbon meeting. Joint action is proposed by UNICEF/UNDP/WHO/World Bank following the ESAs meeting (P).

6. Congo

Ongoing and proposed activities:

- World Bank, UNICEF and WHO will collaborate with the Government in the preparation of a Decade Consultative Meeting for the water and sanitation sector (P);
- A joint mission will be undertaken to Congo in the second half of February 1988 to review the sector strategy and advise the Government on the preparation of the DCM. The mission will be composed of representatives of SDT Abidjan, UNICEF Abidjan and WHO ICHDT/II, Bujumbura (P).

7. Ghana

Ongoing and proposed activities:

- WHO through an intercountry programme with Liberia and Sierra Leone will carry out an inservice training course in the second half of 1988 for 15 participants per country (P);
- WHO also proposes a seminar for primary health care agents (P);
- UNDP/SDT will carry out training activities at the Kumasi Training Centre which will be operational in 1988 (P);
- UNDP has also prepared a meeting of donors last September, the recommendation of which will be followed up by the respective agencies (O);
- UNICEF in the framework of the Decade plan has considerable input in the sector working jointly with bilaterals (CIDA and KFW/GTZ) (O);
- UNICEF is implementing an integrated programme of wells, handpumps and sanitary education in 10 zones (O);
- SDT is also cooperating with GTZ in solid waste recycling and latrine programmes (O);
- There is a long-standing handpump programme funded by CIDA which has been recently evaluated. It is proposed that the Kumasi Centre be used for the WHO training programme in 1988 (45 participants) (P);
- UNICEF is to be requested to finance kits for water quality training and be involved in the practical aspects of the training (P);
- UNICEF will use the trained agents in its programme (P);
- an informal cooperation meeting is proposed with a view to further consolidate cooperation not only among UN agencies, but with other bilateral agencies and NGO's active in the sector (P).

8. Guinea

Ongoing and proposed activities:

- STD/WB/UNICEF has carried out a project of rehabilitation at Lanseboundji in the neighbourhood of Conakry - case studies are being prepared (water, sanitation, sanitary education) which would be distributed to and commented upon by UNDP and WHO (O);
- WHO is planning a mission in March 1988 for the development of a rural water supply plan as a subregional activity (P);
- External support agencies' meeting planned end February-March 1988. Details to be followed up - SDT/UNICEF/WHO will be represented (P);
- A sector review is proposed jointly by STD and WHO/HQ - arrangements to be made (P);

- World Bank institutional restructuring is proceeding involving also water sector (O);
- World Bank is cooperating with African Development Bank in a component of a project for schools and universities. This involves types of latrines for education institutions (O);
- The Caisse Centrale de Cooperation Economique (France) cooperates in rural water supply and sanitation programmes (O);
- It is recommended that the WHO mission be carried out jointly with UNICEF in March 1988 (P).

9. Niger

Ongoing and proposed activities:

- UNICEF in collaboration with UNDP is presently completing a rural water supply programme (O);
- WHO Geneva/GTZ/SDT have carried out missions in 1987 regarding reformulation of strategies in water supplies (O). WHO/UNICEF/SDT will follow up recommendations (P);
- WHO/UNICEF/SDT/UNDP will also collaborate in training programmes (P);
- WHO is proposing training activities in connection with the training centre at Ouagadougou (P).

10. Nigeria

Ongoing and proposed activities:

- World Bank/UNDP is executing a five million dollar project for five States including sector review, planning, implementation, drilling and pumps (O);
- Joint USAID/UNICEF/WHO financing is provided for a project for control of diarrhoeal diseases (O);
- WHO/UNICEF/UNDP are to collaborate in a rural development project with a water and sanitation component in four departments (P);
- UNICEF and World Bank are collaborating in a primary health care project in four States. The project initiated by UNICEF as a pilot project is now being financed by World Bank as part of a global loan through private banks (O);
- SDT is planning sector reviews in three States beginning in 1988. WHO/Geneva is being requested to collaborate (P).

11. Mauritania

Ongoing and proposed activities:

- WHO through intercountry activities is proposing a mission involving a planner, a sanitary engineer, and the Director of the Subregion (P);

- A meeting of ESAs has been proposed for 1988 (P);
- A joint mission WHO/SDT is proposed to assist UNICEF in programming activities (estimated sum available US dollars 500 000);
- Assistance by AFRO/WHO-Geneva/UNDP/UNICEF/SDT is proposed to assist in preparatory work for the donors meeting. SDT Abidjan can play an important role (P);
- Contacts with other agencies, including UN/DTCO, will be made regarding the preparation of the meeting.

12. Zaire

Ongoing and proposed activities

- A master plan and reorganization of the national/rural service study was carried out in 1986 - the study has been accepted by government;
- Zaire forecasts a consultative meeting of ESAs for 1989 (P);
- A joint review meeting WHO/UNDP/UNICEF/SDT/World Bank is proposed to review the Master Plan for strengthening sanitation, implement and determine plan of implementation (first half 1988) (P);
- SDT will visit Zaire on 18 December 1987 (P);
- WHO has programmed a workshop on water quality surveillance (P);
- Joint follow up by UNDP/UNICEF/WB/WHO/SDT regarding the preparation of the ESAs meeting, i.e. preparation of document, sector review and information update (P).

### SECTOR PROBLEMS TO BE OVERCOME

The representatives of the participating agencies were asked to identify which priority sector problems they were assisting governments to overcome.

An analysis of the information provided showed that high priority was given to the following problems by all agencies:

(i) Weak National Planning Structure

There may be many different underlying reasons for a weak planning structure. Necessary elements for a strong planning structure include well defined policies and strategies that can be translated into operational plans and an institution that is capable of implementing the plans. The World Bank technical cooperation programme through the SDTs is specifically geared to support governments in this area.

Cooperation between all the agencies is essential to avoid that conflicting advice is given in the area of policies and strategies.

Demonstrations through case studies and sector development on a broad front with both technical and financial support in a few countries could help convince governments of the benefits of developing sector plans based on clear strategies and policies.

(ii) Poor Coordination of External Support Agencies

Where governments do not have clearly defined policies, strategies and plans which the External Support Agencies can provide their support to, there is a tendency for inconsistencies in the criteria for selection of projects, design criteria and methodologies for project implementation and community contribution. Joint efforts by the four multilateral agencies to convince governments that they need to develop their own criteria and strategies which the External Support Agencies should adhere to, combined with the organization of Country Consultative Meetings to improve the coordination and exchange of experience between the external agencies and the governments, would minimize this particular problem.

(iii) Inadequate Community Participation

Although there has been a major shift in attitudes and understanding of the importance of genuine participation of communities for projects to become sustainable, this does not take place in reality in many cases. The external support agencies can help governments by providing resources for community mobilization and by agreeing to flexible and realistic implementation schedules that allow for adequate project preparation time to involve and mobilize the communities with a pace of development that is synchronized with the preparedness of the communities.

(iv) Inadequate Practical Training

There is often an imbalance between the theoretical and practical components of training with inadequate attention being paid to the practical side. This applies in particular to the training of trainers, who must have knowledge before they can teach. The agencies can help by providing sufficient resources also for the practical side of training which requires funds for building material, transport and night allowances.

(v) Inadequate Integration with Health Programmes

There is increasing concern that optimum benefits from water supply and sanitation investments will only be achieved if they are dovetailed with other components of health development. Health agencies have as a rule a closer link with the communities through their extension staff than is the case with specialized water supply agencies. The agencies can improve the situation by encouraging integration between government departments concerned and by documenting successful integrated projects like the programme in Nigeria described by UNICEF.

(vi) Lack of Attention to Urban Slums

Mr Rotival of UNDP made a particular plea for the need for reorientation of resources towards the poor urban areas in the years to come. This is a particularly difficult problem both to governments and external agencies and pilot projects to demonstrate workable solutions can still be justified. WHO is developing guidelines through its programme on Environmental Health in Rural and Urban Development and Housing, and the SDTs are initiating cooperation with HABITAT to share experience in this area.

(vii) Inadequate Attention to the Important Role of Women

Everybody was in agreement on this issue but the translation of an agreed strategy into practice is not simple. This was demonstrated by the fact that the participants of the Round Table were all males. A concerted effort by all is needed to change the male dominance in government and external support agencies involved in the water supply and sanitation sector.

There were also some sector problems that were stressed in particular by the representatives of UNICEF and WHO.

(i) Lack of Monitoring and Evaluation

This is an area which is given a low priority by many sector agencies. There has been considerable work done during the first half of the Decade to develop methodologies and tools for monitoring and evaluation. UNICEF and WHO have developed training material in cooperation with IRC, The Hague, for evaluation.

An intercountry workshop on the national monitoring of sector information was held in Malawi in 1986 with support from DANIDA. Further promotion and application of the tools developed is needed. Examples on community partnership in baseline data collection, monitoring and evaluation is essential.

(ii) Inadequate Decentralization

Sector agencies with responsibilities for both urban and rural water supply development are often still very centralized without extension staff and very limited resources decentralized to the district level. These agencies usually have an engineering bias and cannot readily implement programmes based on partnership with the communities.

The new strategies of health development through the District level promoted by WHO particularly within AFRO may show the way towards decentralized programmes focussing on the communities. Ministries of Health should be encouraged to undertake small scale water supply and sanitation projects which the specialized sector agencies are not geared to implement.

(iii) Inadequate Attention to Rural Sanitation

It is very difficult to convince members of poor communities in rural areas to allocate their scarce resources towards improved excreta disposal facilities. This is particularly true in dry, sparsely populated areas where the need for water supply services is great and the benefits from latrines are not well recognized, nor are the health benefits well demonstrated.

Although it is likely to remain a fact that latrine programmes will be lagging behind in such areas, more efforts will be needed through promotion and health education to encourage rural sanitation programme development where people are concentrated in villages.

## SECTOR COOPERATION EXAMPLES

The following examples of cooperation which is already taking place among the agencies were mentioned and discussed during the meeting:

(i) Kwale District, Kenya

The World Bank initiated a handpump testing programme in the coastal belt of Kwale District in 1983 as part of the UNDP/World Bank Decade Programme. The objective of the project was to identify the most suitable handpump from a technical point of view and to modify it to a "VLOM" type (Village Level Operation and Maintenance).

The project resulted in the development of the handpump "AFRODEV" which is considered to be a technically sound improvement.

The initial handpump testing project was implemented with a minimum of community involvement, contribution and participation as the main objective was of an engineering nature. Negotiation between the Kenya Government, the World Bank and SIDA resulted in a comprehensive project for the Kwale District covering water supply development of various technologies, improved sanitation and health education with strong emphasis on community partnership.

The project is implemented by the Ministry of Water Development in cooperation with the Ministry of Health and the Ministry of Culture and Social Services. Community institution building and training is being developed through the Kenya Water for Health Organisation (KWAHO), a Women's Organisation that is receiving support from the UNDP/PROWESS Project and SIDA, among others.

This project started in 1985 with technical and financial support from SIDA. A mid-term evaluation of the project will take place in April, 1988 to identify possible adjustment needed on project components during the second half of the project up to 1990.

The evaluation mission, which is financed by SIDA, will include representatives from WHO headquarters and country staff, and the Sector Development Team, Nairobi. This is a case of cooperation between multilateral agencies and a major bilateral donor and the lessons learned from the evaluation will be of interest for sector development not only in Kwale District and Kenya but also for other countries.

(ii) Environmental Health Component of Primary Health Care in Embu, Baringo and South Nyanza Districts, Kenya

WHO has been providing support to the Ministry of Health to develop a Primary Health Care Programme at the District level over the past few years with financial support from UNDP and DANIDA. A project for the Environmental Health component of the programme has recently been developed. The proposed project will be implemented by the Ministry of Health in cooperation with the Ministry of Culture and Social Services.

The main emphasis is on practical training of implementors at the community level of small scale rural water supply and sanitation interventions. This will be coupled with consciousness raising at the district level and community institution building and training at the community level. The project draws heavily on the experience on an environmental health project in the Eastern Province, financially supported by SIDA and with technical cooperation from the UNDP/World Bank Technical Assistance Group. A pool of trainers has been built up at the national level. They will conduct training of trainers at the district level, drawing on the multisectoral teams at the district level.

It is expected that UNDP inter-regional funds and UNDP/IPF funds will be received for the implementation of the project and hopefully also continued support from the World Bank Sector Development Team, Nairobi.

(iii) Development of Methodology for Evaluation of Water Supply and Sanitation Programmes and Training Materials for Evaluation

WHO has developed a methodology referred to as the "Minimum Evaluation Procedure" for the evaluation of the functioning and utilization of rural water supply and sanitation programmes. The World Bank has through its Technical Advisory Group developed a simple guideline for the collection of social and cultural data. UNICEF in cooperation with WHO and the IRC, Hague, has developed training material based on the above guidelines. The field tested training package is now available for use and application by governments and agencies.

(iv) Somalia Sector Work

A World Bank Infrastructure Development team recently visited Somalia with the SDT, Nairobi, reviewing the water supply and sanitation sector. An advance arrangement was made with EMRO/WHO for the release of the WHO Sanitary Engineer in Somalia to participate in the World Bank mission. The team had appreciated the contribution of the WHO Sanitary Engineer to the work of the mission. His knowledge of the sector and the agencies in the sector had facilitated their task.

(v) Involvement of Women

The UNDP/PROWESS Project referred to earlier in the report has ongoing activities in other regions which have led to experiences that may have applications also in the African Region. One example is case studies developed in Asia in cooperation with SEARO/WHO. The project includes case studies in Nepal, Indonesia, Sri Lanka and Thailand. The objectives of the case studies are to document how increased involvement of women can improve the functioning and utilization of water supply and sanitation facilities and how the situation for the women in the communities is improved as a result of their involvement and the improved services.

A workshop was held in Bangkok in 1984 to establish a practical basis for the case studies. Agencies responsible for the interventions and for the documentation of the case studies in the four countries were represented at the workshop. A second workshop took place in Kathmandu in 1985 to review baseline studies in the four countries and interventions designed for enhancement of women's involvement and improvement of water supply and sanitation services.

The interventions have now been implemented and a second assessment is being made to identify and document the effects of these interventions. A third workshop is scheduled to take place in Indonesia in May, 1988, to review the findings from the four case studies and to develop guidelines for enhancement of women's participation based on lessons learned from the case studies.

This final product could be adapted and used for similar activities in the African Region.

(vi) Decade Consultative Meetings (DCMs)

Following the joint meeting with bilateral external support agencies in Konigswinter in 1984, a series of regional and country level Donor Consultation Meetings have been organized by WHO with financial support from the Federal Republic of Germany and UNDP.

A Regional External Support Consultation for Africa took place in Abidjan in November 1985. National DCMs have been held in Lesotho, Niger, Zaire and Zambia.

The DCMs are most fruitful to the governments if they have a sector strategy developed before the meeting. The meetings are not of a pledging type and require follow up by both the government and the agencies involved in the meeting to have the desired result of increased resource flow to the sector. In the case of Zaire, external resources of the order of US \$130 million have been pledged since the DCM from agencies which participated in the meeting, more than half of which had been obligated by end-1985.

Based on the experience so far, guidelines for the preparation and organization of such meetings have been developed.

On an intercountry basis, a meeting is planned in Lisbon, Portugal, from 18 to 21 April 1988, with funding support from UNDP and GTZ, to discuss the sector development progress and needs in the five Portuguese-speaking countries of the African Region, viz. Angola, Cape Verde, Guinea-Bissau, Mozambique and Sao Tome and Principe. Brazil will also participate and will introduce elements of Technical Cooperation among Developing Countries (TCDC). The meeting is being organized by the Portuguese Government with the assistance of WHO, and visits have been made in October and November 1987 by WHO staff to all the above countries to assist in the preparation of background documentation. All interested ESAs have been invited together with the international agencies which have already indicated their willingness to support the meeting. Follow-up in the five African countries is planned to be jointly coordinated with WHO, UNICEF and the SDT.

(vii) Examples of Interagency Cooperation in AMRO and SEARO

The representatives from AMRO and SEARO gave an exposé of their experience in interagency cooperation.

AMRO has a formal agreement with the Inter-American Development Bank (IADB) and is working in close cooperation with them and the World Bank in sector development.

A programme for systematic development of institutional national capacities has been ongoing for many years in cooperation with IADB, UNDP and the World Bank.

A meeting of the respective advisors of PAHO and UNICEF responsables in the Caribbean and Central America have been held, which resulted on a joint financed post in Nicaragua and exchange of projects information in the Caribbean.

DCMs have been held in Peru, Bolivia and Guatemala, and are being folowed up.

SEARO has had a series of collaborative activities with the World Bank and UNDP since the start of the Decade. The Decade Advisory Services Project which concentrated on the development of guidelines for support programmes needed in Decade projects was financed by UNDP regional funds. The intercountry project on the enhancement of the role of women in the sector is financed by the UNDP/PROWWESS project. Projects to develop health services at the district level are receiving support from UNDP global funds. Demonstration projects in Rural and Urban Housing Development in Burma, Sri Lanka and Thailand are financed by UNEP.

ANNEX 8

RELEVANT DOCUMENTS REFERRED TO DURING THE MEETING

1. Regional Resource Mobilization Profile for Africa, WHO, October 1985
2. Report on African Regional External Support Consultation in connection with the International Drinking Water Supply and Sanitation Decade, WHO, April, 1986
3. Guidelines for the Preparation and Organization of a Decade Consultative Meeting, WHO, October 1986
4. Plan of Action for CWS at District Level, CWS/WP/2, 1986
5. CWS Budget Data and Country Activities for 1988-1989, AFRO, CWS/RP/06, 9 December 1987
6. Proposition de Plan d'Action du Secteur Eau potable et Assainissement de Pays de la Sous Région I, Bamako, 7 décembre 1987
7. Profil et Plan d'Action Sectoriels pour la Sous-Région II
8. Sub-Region III - Water Supply and Sanitation Sector Profiles

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