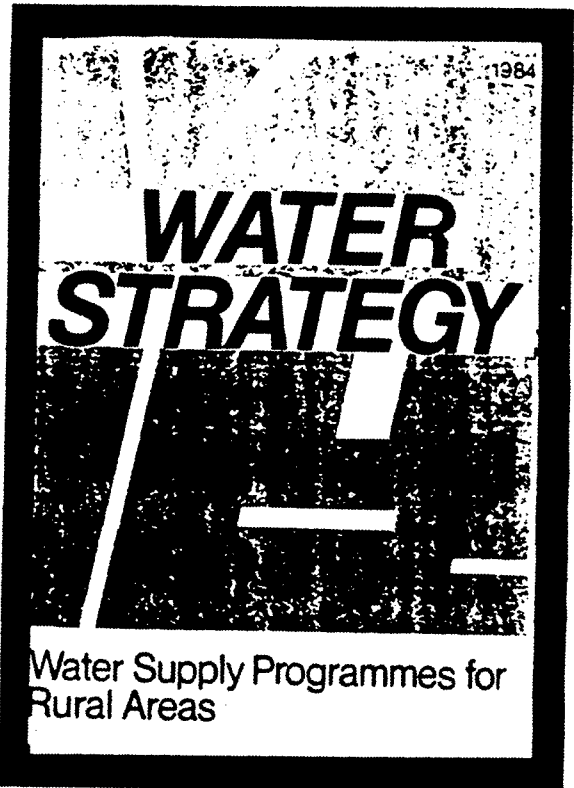


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An Amendment to SIDA's Water Strategy

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SIDA GUIDE-LINES
ON ENVIRONMENTAL
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SIDA GUIDE-LINES ON ENVIRONMENTAL HYGIENE**Introduction**

SIDA's "Water strategy" document (second edition dated January 1987) has the subtitles "Domestic Water Supply, Health Education and Environmental Hygiene". The strategy, which has a community based approach, points out that domestic water programmes should suitably incorporate sanitation programmes (latrines, hand-washing facilities and planning of "sanitary systems") environmental hygiene (waste disposal, wastewater drainage, vector control, ground water protection and measures to preserve the environment) and water-related health education to consumers. These activities correspond well to the concept "environmental hygiene" which is applicable both at the household and at community levels.

Current problems in this field can be summarized as follows:

- * there has been an over-emphasise on water supply at the expense of sanitation and health education;
- * sanitation and health education have been seen as separate components in water supply programmes rather than as integrated activities;
- * health care systems in many low-income countries remain imbalanced in favour of curative services and urban areas while environmental health programmes - including efforts to promote hygiene - are relatively neglected;
- * projects and programmes are insufficiently based on local problem analysis, consultation and resource inventories, including human resources;
- * local communities are not sufficiently involved in programme planning, implementation and evaluation;
- * even where community participation has been emphasized women tend to have been neglected;
- * technologies affordable to poor households are neglected or completely excluded from most assistance programmes;
- * project documents are often too general and vague and need to be more specific especially with regard to health education, excreta disposal, wastewater drainage and involvement of different groups in the communities.

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Balance between water supply, health education and sanitation

Domestic water supply programmes aimed at health improvement should include health education and excreta disposal as an integral part of the programmes and not as loose components. Inputs on health education and excreta disposal should also be prominent in health programmes, especially those focussing on the poor.

Problem identification and planning

Programme plans should be based on a comprehensive description and analysis of target groups, and on a firm understanding of local problems and potentials, as these are perceived by the local people themselves. Local as well as national resource potentials and capabilities must be taken into account. Guide-lines on target group analysis and other socio-cultural baseline studies could usefully be prepared.

Project documents should define clear objectives and state realistic targets and activities in sufficient detail to guide implementors and evaluators. A fair degree of flexibility to adjust the implementation plan must, however, be allowed.

Community participation

Local community control of programme planning, implementation, operation, maintenance, monitoring and evaluation is crucial to ensure that programmes are focussed on and actually meet felt needs. Community participation should include involvement of all relevant groups - including both women and men. Participation is essential to ensure a process of sustained development and for the acceptance of new technologies and methods. Different strategies have to be developed to provide opportunities for all relevant groups - including both women and men - to influence programme development and design, the application of alternative technologies, and evaluations.

Appropriate technology

The applied technologies should be "appropriate" which means that they have to be acceptable to the local people, affordable to the target groups and sustainable through local resources. This means that it is largely up to the local community, once it has been made aware of the range of alternatives and their implications, to determine what technologies are appropriate. The implication of different

technology types for various groups in the community, e g women, need to be understood.

Important technologies include human excreta disposal facilities at different levels of complexity and cost, disposal of other household and community waste, water source protection, waste-water drainage, hand-washing facilities and vector control.

Manpower training

Current basic manpower training in the field generally suffers from two weaknesses. Firstly, that practical/applied field training does not receive sufficient attention and resources, and tends to be the first component to be sacrificed when resources are scarce. Secondly, social and behavioural sciences tend to be neglected or excluded in the curriculum. On-the-job training, supervision and support, follow-up and post-basic training (regular problem-solving meetings between field workers, field visits by resource persons, library development and distance teaching) need to be strengthened, particularly for staff at remote rural facilities. Craftsmen such as masons and carpenters are crucial manpower resources at local community level; they should be invited to participate in practical training activities whenever feasible. Women as well as men should be trained in sanitation and hygiene related construction at the village level.

Health education

Health education - education in support of health-related behavioural change - is usually under emphasized within the framework of technically oriented water development and environmental sanitation programmes. The objectives of health education need to be more clearly defined and practical strategies developed to ensure real integration of health education into water supply and sanitation activities. Target groups need also to be more precisely defined. Target groups have tended to be seen solely as women and children. Men should be seen more clearly as target groups, the role of local leaders - both formal and informal should also be investigated.

The education sector should be co-opted into any environmental hygiene programme at an early stage; environmental health and personal hygiene should be given sufficient emphasis in school curriculum. This should be adequately reflected in teacher training programmes and in teaching/learning aids. Sanitary latrines, hand-washing facilities and soap must be available at every school and regularly used by staff and students.